BOOKLET FOR

PUBLIC HEALTH MANAGEMENT CADRE

Guidance for Implementation

2022

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

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BACKGROUND

National Health Policy 2017 taking cognizance of the fact that a multidisciplinary workforce is required for managing various programs under National Health Mission. It envisaged creation of a multidisciplinary Public Health Management Cadre (PHMC) in all states/UTs. Accordingly, under the directions of MoHFW, NHSRC organised several rounds of meetings with experts and states with relevant experience of implementing Public Health Management Cadre. All those states where some structure of public health cadre was already existing like Tamil Nadu, Odisha, Maharashtra, West Bengal, Chhattisgarh, etc., participated in these deliberations.

Further deliberations involving representatives from NITI Aayog, MoHFW, DGHS, NIHFW, NHSRC, states and other public health experts were held and after several rounds of discussions, four types of structures and frameworks were developed. These structures are only suggestive, and the states have flexibility to adopt and modify the structures according to the local situation and context. Views of states were also taken on drafts at the Innovation Workshop held at Gujarat in 2019 where most of the states responded positively towards the comprehensive PHMC concept and desired a formal document and orientation. NHSRC team also visited Bihar, Jharkhand, Madhya Pradesh, Telangana, Uttar Pradesh, West Bengal, Sikkim, Assam & other N-E states for consultations.

In the pursuit to fulfil the commitment under NHP 2017, NITI Aayog, MoHFW and NHSRC studied various models across countries and states and developed model structures suitable to Indian setting. The 13th Conference of Central Council of Health and Family Welfare (CCHFW) was held on 10-11th October 2019 under the chairpersonship of Honourable Union Minister HFW, wherein Hon'ble Health Ministers of all States/UTs participated and endorsed *the creation of PHMC in their respective states by March 2022 as one of the steps towards achieving health for all.*

RATIONALE

Amidst the ongoing SARS-CoV-2 pandemic, the delivery of essential healthcare services was disrupted globally. Just like all other countries, the healthcare system of India too faced multiple challenges and barriers in all aspects of healthcare services. The deliberations at the highest level recognised that the challenges and barriers will continue to haunt the current public health system and existing institutional set-ups until an integrated the approach is adopted and corrective actions are undertaken to respond to public health issues like new and emerging diseases, epidemics, disasters, injuries, illnesses, social and environmental issues. There is a need to augment the capacity and capability of public health system to estimate disease burden, based on need assessment and propose comprehensive plans for preventive, promotive, curative, rehabilitative and palliative services. Additionally, strengthening public health surveillance for early detection and responding to various outbreaks is also required.

The pandemic also revealed the challenges related to management of human resources of health in terms of governance, availability, quality, density, retention, clarity of roles, etc. It could be attributed to the current institutional structures in most states where cadres are not integrated and there is lack of coordination among different disciplines. Thus, it is required to clearly define the roles and responsibilities of the officials of various directorates and better utilize the specialist services. Moreover, the public health system is unable to provide opportunity to all categories of public health workforce to achieve their potential through appropriate career development and progression pathways. Despite being one of the important stakeholders in the health system, healthcare service providers lack an opportunity to excel in their respective career trajectories in the absence of transparent transfer and promotional policies in the states, leading to adverse effect on commitment and retention in the workforce. This eventually, limits the delivery of quality healthcare services due to shortage of healthcare

providers such as staff nurses and specialists in existing facilities against the Indian Public Health Standards.

Economic Advisory Council to the Prime Minister (EAC-PM) constituted an Expert Committee on Enhancing Resource Investment in Health (ECERIH) under the Chairmanship of Shri Ratan P. Watal, Member Secretary, EAC-PM and a sub-group was constituted to further deliberate upon the investment on Human Resources and Infrastructure for Health Sector in India. The findings of the committee highlighted that country needs about 77 to 80 health workers per 10,000 population to achieve 80% coverage of population for delivering essential basket of healthcare services. This recommendation is in accordance with the World Health Organization norm of 44.5 (doctors, nurses and midwives) per 10,000 population. All other workforce would be of other healthcare professionals and support workers.

To address all the above issues, it is envisaged to strengthen management of both, health, and hospital services in public health sector and demarcating the clinical and public health functions. Adding more dedicated and professionally trained personnel to address the specific and complex needs of the Indian health-care delivery system and strengthening capacities for managerial functions are required. It will also lead to augmentation and better utilization of the specialists available in the states.

POLICY MANDATE

National Health Policy (NHP) 2017 defines its goal as "***the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality, and lowering the cost of healthcare delivery***."

The National Health Policy (NHP**)** also suggests various strategies to achieve the above-mentioned goal. In this regard, the policy envisages creation of Public Health Management Cadre (PHMC) in all states (Para 11.8). The policy advocates an appropriate career structure and recruitment policy to attract young and talented multi-disciplinary professionals in public health system. Medical and Health professionals would form a major part, but professionals from diverse backgrounds like sociology, economics, anthropology, hospital management, communications, etc., who have undergone public health management training would also be considered. States could decide to locate public health managers (medical/non-medical) into same or different cadre streams belonging to Directorates of Health. The policy also recognizes the need to nurture specialized skills like entomology, housekeeping, bio-medical waste management, biomedical engineering, communication skills, management of call centres, and ambulance services.

DEVELOPMENT PROCESS FOR PRINCIPLES AND STRUCTURES

The principles and structures have been finalized after extensive deliberations, discussions, brainstorming sessions and consultations at national and state level.

State level consultations:

The model structures developed were presented to the states of Assam, Bihar, Jharkhand, Madhya Pradesh, Sikkim, Telangana, Uttar Pradesh, West Bengal and seven North Eastern States during State consultations. States like Bihar, Jharkhand and Madhya Pradesh took immediate actions to constitute task force to deliberate upon the suitable structure in view of the local context.

National level deliberations:

A brief orientation followed by a detailed review against the progress on the decision of 13th CCHFW for implementation of PHMC was held under the chairpersonship of Additional Secretary & Mission Director (NHM), MoHFW. After detailed deliberations, it was directed to constitute an expert committee under the chairpersonship of Joint Secretary (Policy), consisting of State Principal Secretary/Mission Directors of Bihar, Chhattisgarh, Jharkhand, MP, Maharashtra, Odisha, Tamil Nadu, and West Bengal with representations from NITI Aayog, NHSRC, WHO, PHFI, etc., to finalize the principles, structures, and strategy to support the States in establishing PHMC within the timeline defined by 13th CCHFW.

The members of the expert committee discussed the existing state structures and also invited states to share their experiences in establishing PHMC. After extensive deliberations, the expert committee finalized principles, categorising them into essential and desirable, and a framework which can be customized by the states as per their local regulations and situations. The final expert committee report was

further deliberated upon in the Ministry and with NITI Aayog. Based on the deliberations of the expert committee and in synchronisation with the decisions of 13th CCHFW, Ministry of Health & Family Welfare, the principles and structures were finalized, which can be customized by the States as per their local context. This guidance document will support states to create PHMC in the states as per the defined timeline.

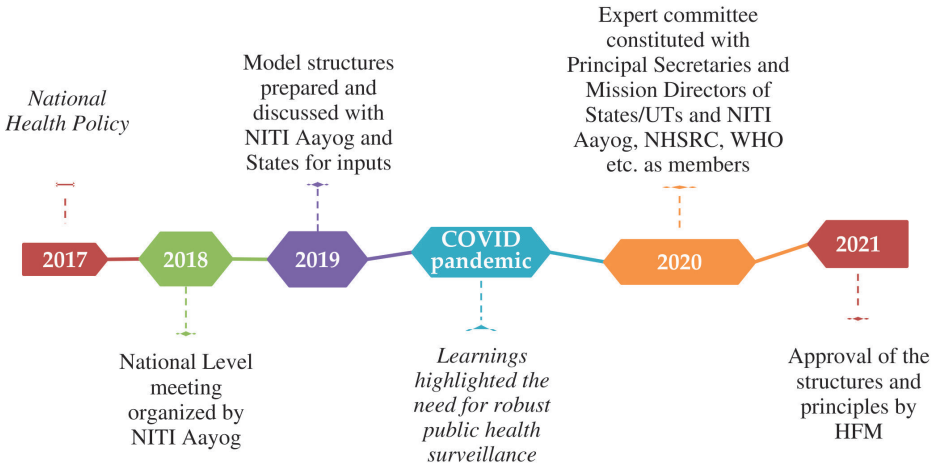
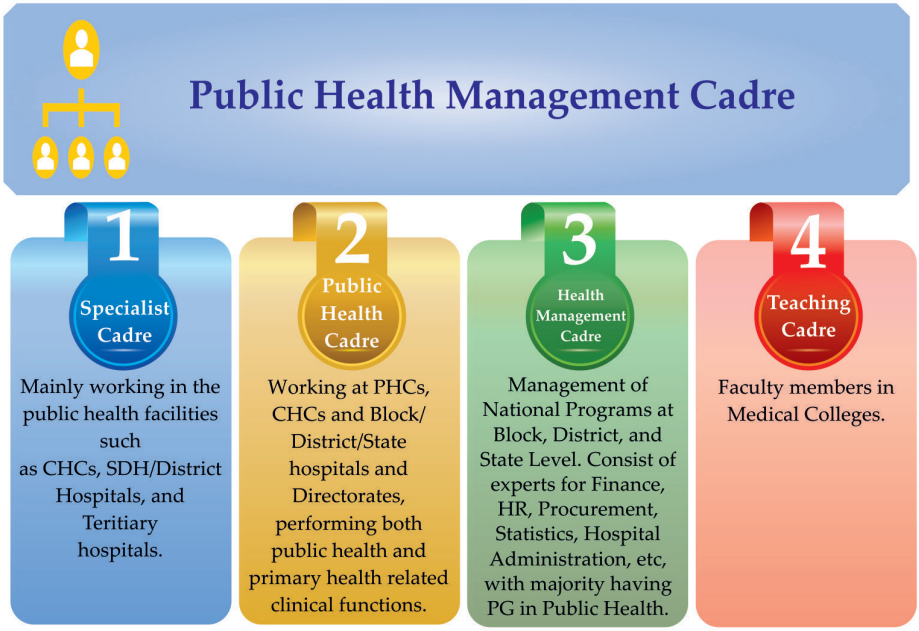


Figure-1: Journey of Public Health Management Cadre

STRUCTURAL FRAMEWORK OF PUBLIC HEALTH MANAGEMENT CADRE

Multiple cadres exist in each state and the key cadres include medical doctors, nurses, allied health professionals, public health nurses, CHOs, etc. However, there are few states with public health related cadre, which is separate from the clinical cadre. To achieve best utilization of expertise and talent for ensuring health for all, there is a need to segregate service providers as per clinical and public health functions among various types of cadres with flexibilities as per the functional requirement of the state.

States need to establish the following four cadres firstly:



The structures at state, district and block level will be guided by the following principles:

Essential core principles:

1. **Public Health Cadre** will consist of public health professionals with MBBS degree and such MBBS doctors having MD (PSM) or PG (Public Health) Degree/ Masters/ Diploma. All new MBBS doctors will be required to acquire public health qualification within certain time (3-5 years) if not already achieved.
2. **Health Management Cadre** will consist of health and other professionals with relevant qualifications and support in running various national health programs and public health functions. The entry shall be from block level and mostly consist of graduates with PG qualification in Public Health (70%) and remaining will be MBA (HR), MBA (Procurement/ Supply Chain), MBA (Finance), MBA (Operations), MBA (Hospital/ Health Management) or with a relevant qualification, etc., (30%). States will have the flexibility to change the percentage as per the local context and requirement.
3. **Specialists** will be the clinical specialists with PG degree/ diploma/MD/MS in streams like Medicine, Surgery, Orthopedics, Eye, ENT, Obs/Gyn, Dermatology, Psychiatry, etc.
4. **Teaching cadre** will be as per the NMC guidelines, as revised from time to time.
5. The career progression for each cadre whether Specialists' cadre, Public Health Cadre, or Health Management Cadre will be distinctive in their own respective streams with inherent flexibility for inter-cadre deputation wherever necessary, if criteria for qualification is met.
6. Existing GDMOs in Public Health Cadre with certain years (3-5 years) of seniority will be required to do a one/two/three-year master's course in public health for advancement in Public Health Cadre. For new recruitment to Public Health Cadre, MBBS doctors with MD PSM/Community Medicine, PG degree/ diploma in Public Health can be given preference.

7. Increments/special pay for acquired qualification should be encouraged for in-service doctors.
8. The head of the district/ block i.e., Chief/Block Medical Officer, shall be from a Public Health Cadre, however, if so desired by the state Specialist Cadre may also be considered for district level positions, and the ratio for which may be decided by the State.
9. Specialists and super-specialists will join at a higher scale in Specialist Cadre, to attract them in government sectors. Specialists will work in public health facilities as per Indian Public Health Standards (IPHS).

Desirable principles

1. Incentive schemes may be proposed for motivating the existing workforce to take up public health courses for their professional growth and continuing education.
2. District Health Society shall serve as a platform of convergence between public health and clinical functions.
3. The convergence of functions of public health cadre and specialist cadre at various levels needs to be established by the State.
4. For all cadres, method of recruitment, number of posts at various health locations and career progression needs to be clearly defined.
5. States will take initiatives in scaling up and expanding public health courses, identify relevant institutions to support the states with qualified professionals. Various type of professionals which may support public health functions are also broadly defined in NHP 2017.
6. Initiate urgent and time bound actions for creation of Public Health Cadre, Health Management Cadre, and Specialist Cadre.

WAY FORWARD FOR THE STATES

Formulate an action plan to identify cadre strength and fill up all vacant posts in a time bound manner, preferably over next six months to one year.

NHSRC will provide the technical support to the states and if required, NHSRC can rope in support of NITI Aayog, representatives of Centres of Excellence, Public Health Institutions, and Public Health Experts.

Stepwise implementation plan:

1. Mapping of existing public health personnel including GDMOs and specialists at various levels in the present health cadre and identification of positions at various facilities.
2. Making a structure both in Public Health and Specialist Cadre based on IPHS norms in existing facilities.
3. Preparing a roadmap to impart Public Health training to the in-service candidates based on the landscaping of the existing academic institutions.
4. Recruitment of required doctors as per the sanctioned positions through establishment of recruitment board/ State Public Service Commission.
5. Making a structure for Health Management Cadre with a mix of public health professionals and other postgraduates such as MBA (HR), MBA (Procurement/ Supply Chain), MBA (Finance), MBA (Operations), MBA (Hospital/Health Management) etc.

LIST OF CONTRIBUTORS

Ministry of Health and Family Welfare

1. Mr. Rajesh Bhushan, Secretary Health & Family Welfare
2. Mr. Vikas Sheel, Additional Secretary & Mission Director (NHM)
3. Mr. Manoj Jhalani, Former Additional Secretary & Mission Director (NHM)
4. Ms. Vandana Gurnani, Former Additional Secretary & Mission Director (NHM)
5. Dr. Manohar Agnani, Additional Secretary
6. Mr. Vishal Chauhan, Joint Secretary (Policy)
7. Dr. Sachin Mittal, Director, NHM-II
8. Dr. Neha Garg, Director, NHM
9. Dr. N. Yuvaraj, Former Director, NHM
10. Dr. Sandhya Bhullar, Former Director, NHM
11. Dr. Asmita Jyoti Singh, Senior Consultant
12. Dr. Sonali Bhardwaj, Senior Consultant
13. Dr. Shraddha Masih, Senior Consultant
14. Dr. Adil Shafie, Senior Consultant

NITI Aayog

1. Dr. Vinod K. Paul, Member (Health)
2. Dr. Rakesh Sarwal, Additional Secretary
3. Mr. Alok Kumar, Advisor (Health)
4. Col. Dr. K. Venkatnarayan, OSD (Health)

Members of Expert Committee as notified by MoHFW, GoI

1. Mr. Vikas Sheel, JS (Policy) – *Chairperson*
2. Dr. Rajani Ved, ED-NHSRC – *Co-chair*
3. Principal Secretary (Health) – West Bengal, Jharkhand
4. Mission Director (NHM)- Bihar, Odisha, Chhattisgarh and Madhya Pradesh
5. Director of Health Services – Maharashtra, Tamil Nadu
6. Nominees from development partners - WHO
7. Dr. K. Madan Gopal, Sr. Consultant, NITI Aayog
8. Dr. Subhash R. Salunke (Public Health Expert)
9. Advisor (HRH), NHSRC

10. Dr. Himanshu Bhushan, Advisor (PHA), NHSRC- *Member Secretary*
11. Any other member can be co-opted with the permission of Chair

State Representatives

1. Mr. Mohammad Suleman, ACS (Health)- Madhya Pradesh
2. Mr. Narayan Swaroop Nigam, Principal Secretary (Health), West Bengal
3. Dr. Nitin Madan Kulkarni, Former Principal Secretary (Health), Jharkhand
4. Mr. Sharad Puri, West Bengal
5. Dr. Priyanka Shukla, Mission Director, NHM Chhattisgarh
6. Ms. Shalini Pandit, Mission Director, NHM Odisha
7. Mr. Sanjay Kumar Singh, ED, SHS Bihar
8. Mr. Ravi Shankar Shukla, Former Mission Director, NHM Jharkhand
9. Mrs. Chhavi Bhardwaj, Former Mission Director, NHM Madhya Pradesh
10. Mr. Manoj Kumar, Former ED, SHS Bihar
11. Mr. Keshvendra Kumar, AED, SHS Bihar
12. Mr. Subhananda Mohapatra, Joint Secretary, Health & F.W. Department, Odisha.
13. Mr. Joly Chaudhari, Former Additional Mission Director, NHM & Joint Secretary, West Bengal
14. Dr.Bishnu Prasad Mohapatra, Additional Director, State Health Assurance Society (SHAS), Odisha
15. Dr Satish Pawar, Former-Director of Health Services, Maharashtra
16. Dr. Kapil P. Aher, Principal HFWTC NSK, Maharashtra
17. Dr. T. S. Selvavinayagam, Director, Public Health & Preventive Medicine, Tamil Nadu
18. Dr. K. Kolanda Swamy, Ex-Director of Public Health & Preventive Medicine, Tamil Nadu
19. Dr.Dinabandhu Sahoo, Team Leader, SHSRC, Odisha
20. Dr.Nirodh Kumar Sahu, Joint Director, Technical, Dept. H&FW, Odisha
21. Mr. Adait Pradhan, SPM, Odisha
22. Dr. Amit Jain, SPM, NHM, Madhya Pradesh
23. Dr.Urya Nag, Former SPM, Chhattisgarh
24. Dr. Kamlesh Jain, Nodal Officer, DHS Chhattisgarh
25. Dr. Viduthalai virumbi Balagurusamy, Health Officer at Directorate of Public Health

and Preventive Medicine, Tamil Nadu
26. Dr.RiteshTanwar, Deputy Director, DHFW, Madhya Pradesh
27. Dr.Himani Yadav, Deputy Director, DHFW, MP

Other experts

1. Ms. K. Sujatha Rao, Former Secretary (Health) GOI
2. Dr. SK Singh, Director, NCDC, GOI
3. Dr. Jayanta K. Das, Former Director, NIHFW
4. Dr. S Venkatesh, Former Principal Advisor, DGHS
5. Dr. Mohammad Shaukat Usta, Former Adviser, DGHS
6. Dr. N. S. Dharmshaktu, Former Adviser, DGHS
7. Dr. T. Sundararaman, Former Professor & Dean TISS, Mumbai
8. Dr. Sanjiv Kumar, Director, IIHMR Delhi
9. Prof. Anil J Purty, Former President, IAPSM
10. Dr. A.M. Kadri, Secretary General, IAPSM
11. Dr. K. Srinath Reddy, President, PHFI
12. Dr. Suresh S Shapeti, Senior Administrative Officer, IIPH
13. Dr. Rajesh Nair, Associate Professor, IIPH Delhi
14. Dr. Gaurav Kumar, Public Health Specialist, PHFI
15. Dr Swarup Sarkar, Director (CDS), WHO
16. Dr. Dilip Mairembam, National Professional Officer (Health Workforce), WHO

National Health Systems Resource Centre

1. Maj Gen (Prof) Atul Kotwal, Executive Director
2. Dr. J. N. Srivastava, Advisor, QI
3. Ms. Mona Gupta, Advisor, HRH
4. Dr. M.A. Balasubramanya, Advisor, CP-CPHC
5. Dr. Neha Dumka, Lead Consultant, KMD
6. Ms. Shweta Roy, Lead Consultant, HRH
7. Mr. Prasanth KS, Sr. Consultant, PHA
8. Dr. Smita Shrivastava, Sr. Consultant, PHA
9. Dr. Aashima Bhatnagar, Sr. Consultant, PHA
10. Dr. Vinay Bothra, Former Sr. Consultant, PHA
11. Mr. Ajit Kumar Singh, Former Sr. Consultant, PHA
12. Dr. Shalini Singh, Former Sr. Consultant, CP
13. Dr. Garima Gupta, Former Sr. Consultant, CP
14. Dr. Poonam, Consultant, PHA

15. Dr. Kalpana Pawalia, Consultant, PHA
16. Ms. Vasudha Khanna, Consultant, PHA
17. Ms. Neelam Tirkey, Consultant, PHA
18. Dr. Ashutosh Kothari, Consultant, PHA
19. Dr. Aditi Joshi, Consultant, PHA
20. Ms. Diksha, Consultant, PHA
21. Dr. Archana Pandey, Former Consultant, PHA
22. Dr. Disha Aggarwal, Former Consultant, PHA
23. Dr. Kim Patras, Former Consultant, PHA
24. Dr. Mansi Mathur, Former Consultant, PHA
25. Dr. Shilpa Singh, Former Fellow, PHA
26. Dr. Deepak Bhagat, Former Fellow, PHA
27. Dr. Diksha Dhupar, Former Fellow, PHA
28. Ms. Ashu Ranga, Former Fellow, PHA
29. Dr. Musarrat Siddiqui, Former Fellow, PHA
30. Dr. Syeda Tahseen Kulsum, Fellow, PHA

Ministry of Health & Family Welfare
Government of India