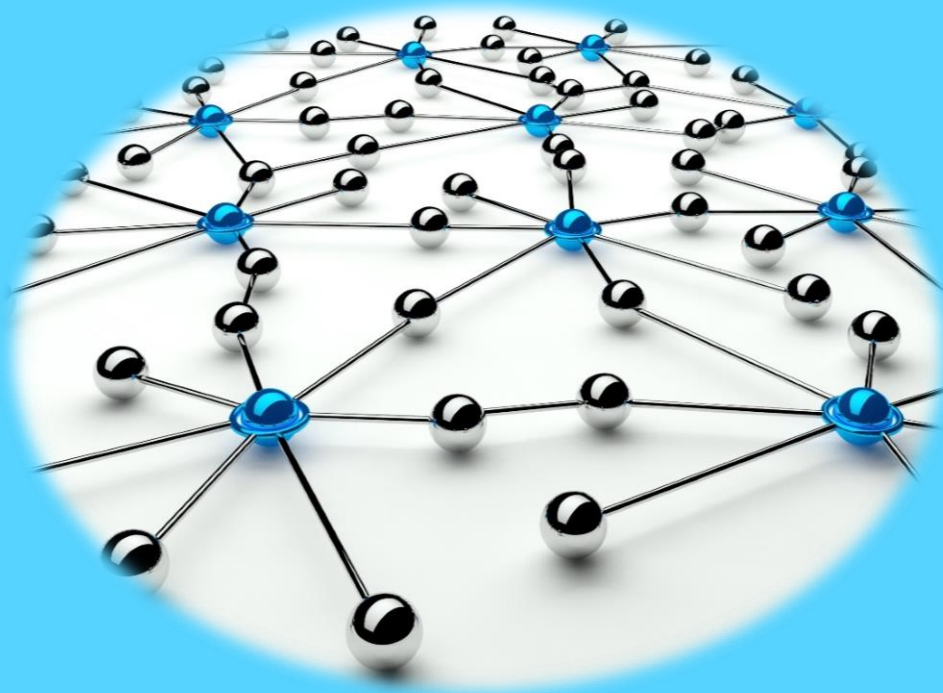




South-East Asia Public Health Education Institutions Network (SEAPHEIN)

Report on 8th SEAPHEIN Annual Meeting “Moving SEAPHEIN to Influence Public Health Management Education and Action”

**February 13-15, 2017, Jaipur, India
Supported by WHO-SEARO**



Organized by



The IIHMR University, Jaipur, India

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Acknowledgment

This report has been prepared by the Indian Institute of Health Management Research, now IIHMR University, Jaipur based on the outcomes of the 8th Annual SEAPHEIN Meeting on “Moving SEAPHEIN to Influence Public Health Management Education and Action” held between February 13-15, 2017 in Jaipur.

We are thankful to WHO-SEARO for financial and technical support to organize this important event. I am thankful to all the delegates and their representing institutions for their decision to participate in the event and made it a success with their contributions and inputs. We hope to carry forward the recommendations of the meeting to strengthen the public health education in South-East Asia Region.

**S.D. Gupta, MD, PhD (Johns Hopkins), FAMS
President, SEAPHEIN
& Chairman, IIHMR University, Jaipur, India**

Executive Summary

The 8th South East Asia Public Health Education Institutions Network (SEAPHEIN) meeting with the theme ‘Moving SEAPHEIN to Influence Public Health Management Education and Action’ was held in Jaipur, 13 – 15 Feb 2017 and inaugurated by two Regional Directors of WHO **Dr. Poonam Khetrpal Singh**, Regional Director, South East Asia Region (SEARO), New Delhi as Chief Patron and **Dr. Shin Young-soo**, Regional Director, World Health Organization – Western Pacific Region (WAPRO), Manila, Philippines as Chief Guest.

Both the Regional Directors, acknowledged the importance and relevance of topics considered for deliberation in this meeting particularly UHC as a mean to Sustainable Development Goals (SDGs) and looked forward for a clear work plan for implementation of UHC through SEAPHEIN. The importance of transformation of public health education and training to align with the UHC with revitalization of Primary Health Care as core area and SDGs was mentioned as pre-requisite and the need for the public health policy makers and managers to take a more holistic view of the changing environment and broader understanding of the social determinants of the health to face the challenges of public health was emphasized.

The Organizing Secretary of the SEAPHEIN meeting, Dr PR Sodani, welcomed Dr. Poonam Khetrpal Singh, Regional Director, WHO-South East Asia Region, New Delhi as Chief Patron and Dr. Shin Young-soo, Regional Director, WHO – Western Pacific Region, Manila, Philippines as Chief Guest. Dr. Sodani welcomed the participants from Bangladesh, Bhutan, India, Myanmar, Nepal, Sri Lanka and Thailand to the 8th SEAPHEIN meeting at IIHMR University, Jaipur.

The Inaugural session was also addressed by Dr Palitha Abeykoon, Ex President, Sri Lanka Medical Association, Sri Lanka on evolution of SEAPHEIN and Dr. SD Gupta President Elect, SEAPHEIN, thanked both the Regional Directors of WHO for gracing the inaugural session and profusely thanked Dr Poonam Khetrpal Singh, RD, WHO SEARO in particular for the continued funding support to SEAPHEIN. He urged for

WHO's continued support to make SEAPHEIN sustainable, more dynamic, responsive and relevant to the challenges of the public health problems and issues.

First two days of the meeting mainly deliberated on advancing Universal Health Coverage to reach the SDGs and the role of frontline services, Strengthening of Health Workforce in SEA Region, aligning public health education and training with health system strengthening for UHC, Building Effective Partnership/ Collaboration and a group work on role of public health education institutions in advancing UHC and achievement of SDGs. On day 3, February 15, 2017 in the morning a simulation exercise on 'Maximizing your Resources' was conducted in groups, which was then followed by a panel discussion on 'Strengthening SEAPHEIN and redefining its Role'. The afternoon was devoted fully on the SEAPHEIN administrative and management meetings which are as follows:

Handing Taking Over of SEAPHEIN Presidentship

President Elect Dr. S. D. Gupta took over Presidentship of SEAPHEIN formally from Dr. Anuradhani Kasturiratne, Head, Department of Public Health, Faculty of Medicine University of Kelaniya, Sri Lanka, the representative of outgoing President Prof Rajitha Wickremasinghe who was unable to attend the function due to prior important commitment. He has assumed the responsibility of SEAPHEIN Chair/President for 3 years with effect from 15th Feb 2017 to 14th Feb 2020.

Executive Committee Meeting

The Executive Committee meeting was convened under the chairmanship of the new President Dr. SD Gupta. The meeting nominated the following appointments for approval by the General Body Assembly:

1. **Nomination of Executive Committee Members:** On the recommendation of the Member Institutions from the respective countries the following officials have been nominated as Executive Committee Member, one from each country present in the 8th SEAPHEIN meeting for a duration of 3 years starting from 15th Feb 2017 to 14th Feb 2020.

#	Country	Address and Contact Details
1.	Bangladesh	Prof. Dr. Baizid Khoorshid Riaz Director, National Institute of Preventive & Social Medicine (NIPSOM) Dhaka, Bangladesh, baizid.romana@gmail.com
2.	Bhutan	Dr. Chench Dorjee Dean, Royal Institute of Health Sciences Thimphu, Bhutan, cdorji88@yahoo.com ; cdorji88@gmail.com
3.	India	Dr. B.S. Garg Director, Dr. Sushila Nayar School of Public Health Mahatma Gandhi Institute of Medical Sciences Sewagram, Wardha, Maharashtra, India, gargbs@gmail.com
4.	Myanmar	Prof. Dr. Khay Mar Mya Rector, University of Public Health Yangon, Myanmar, kkhay1@gmail.com
5.	Nepal	Dr. Mahesh Kumar Maskey Executive Chair, Nepal Public Health Foundation Kathmandu, Nepal, maskeymk8@gmail.com
6.	Sri Lanka	Dr. Anuradhani Kasturiratne Head, Department of Public Health Faculty of Medicine, University of Kelaniya Sri Lanka, akasturiratne@gmail.com
7.	Thailand	Miss Supaneem Promthet Faculty, Faculty of Public Health Khon Kaen University, Thailand, supanee@kku.ac.th

2. **President Elect:** Secretariat will seek nomination for the President Elect from member institutions of the SEAPHEIN and to be decided within a month's time.

3. SEAPHEIN Secretariat

- a. Mahidol University to continue to host SEAPHEIN Secretariat till the current charter is reviewed and amended.
 - b. In order to support the President of SEAPHEIN the secretarial function has been temporarily moved to IIHMR till further decision is made.
4. **Member Secretary:** Dr. P R Sodani, Dean, Training of IIHMR University, Jaipur was nominated as the Member Secretary of SEAPHEIN.
5. **Treasurer:** Prof. Kwanjai Amnatsatsue, Deputy Dean, Mahidol University has been nominated as the treasurer of the SEAPHEIN.
6. **Venue of the 9th SEAPHEIN Meeting:** The venue of the 9th SEAPHEIN meeting will be held in the country from where the President Elect is elected.

General Body Meeting

Following the Executive Committee Meeting, the General Body Meeting was convened in which all the above nominations proposed by Executive Committee Meeting were approved by the General Body Meeting unanimously.

Recommendations of the 8th SEAPHEIN Annual Meeting

The 8th SEAPHEIN meeting made the following recommendations:

1. President of SEAPHEIN to form the following working committees:
 - a. Committee for reviewing the existing Public Health Education and Training and accreditation process and to submit recommendations for implementation.
 - b. Committee for developing resource mobilization strategies, communication and sustainability and work plan for its implementation.
2. SEAPHEIN Secretariat to follow up on the recommendations of the committees for the Public Health Education and Training and accreditation process and resource mobilization strategies and plan. Secretariat to implement and to submit the progress report of its implementation in the next annual meeting.
3. SEAPHEIN Secretariat to submit the total lists of the SEAPHEIN Members and SEAPHEIN Executive Members. Review the membership status and submit the list of membership renewals and new members both institutional and individuals in the next annual meeting.
4. SEAPHEIN Secretariat will seek nomination for the President Elect from member institutions of the SEAPHEIN and to be decided within a month's time.
5. Treasurer to collect up to date membership fees and to submit details of accounts to the next Executive Committee Meeting as well as the accounts on the funds received from WHO for the Secretariat.
6. All the SEAPHEIN members to submit their work plans for implementing the UHC/SDGs related activities and revitalization of PHC and submit to the SEAPHEIN Secretariat at the earliest (by April, 2017). Secretariat to compile the work plan of the member institutions and submit the status report in next annual meeting.

7. Public Health Education

- a. Member institutions to revitalize the County PHEINs and to influence the public health institutions for public health education transformation, training and research, capacity development of the public health workers initiating with the frontline workers and faculty development in line with the UHC and SDGs.
- b. Text books for public health and curriculum should incorporate UHC and SDGs and pedagogy content to include patient safety, behavioral science, health economics, gender, communication skills, partnerships and environmental engineering.
- c. Public health training should incorporate new topics in the training field after identification of training needs and analyzing what is delivered currently in the communities and incorporates elderly care, mental health, palliative care, social determinants, e – Health and improved the data collection and information.
- d. SEAPHEIN Secretariat to initiate public health e – News Letter and SEAPHEIN Journals and to use it for resource generation and communication.
- e. Public health training courses should also be considered for non public health professionals such as public health engineers, statistician, other peripheral health related staffs in allied sectors such as Agriculture, Veterinary and Education etc.

8. Research and Innovation

- a. SEAPHEIN secretariat to foster communication and collaboration for multi-center and multi-county research grant proposals. SEAPHEIN to collaborate with national government research activities through Country PHEIN mechanism and involvement of the public health institutions particularly for developing research capacities. SEAPHEIN should explore resource mobilization through bilateral, multilateral, and regional existing mechanism for research activities.
- b. More and more research activities to be encouraged by the public health institution through involving the students in their Master's dissertation and PhD thesis.

Background

The South-East Asian Public Health Education Institutions Network (SEAPHEIN) was established at the Faculty of Public Health, Mahidol University, in 2004, with thirty-five founding members. The accomplishments of the Network have many Memorandums of Understanding among member institutions and collaborative research. The Network promotes the use of core competencies as guidelines, educational standards, and institutional accreditation among its members¹.

The Indian Institute of Health Management Research (IIHMR), now IIHMR University, Jaipur organized the 8th Annual Meeting of the South-East Asia Public Health Education Institutions Network (SEAPHEIN) at Jaipur during February 13-15, 2017. IIHMR, Jaipur is a *WHO Collaborating Centre for District Health Systems based on Primary Health Care* and contributed significantly towards public health education and capacity building of health professionals. The Annual Meeting of the SEAPHEIN was organized in continuation with the earlier annual meetings to promote public health education and training in the academic institutions and universities in the member countries of WHO-SEARO.

The theme of the 8th SEAPHEIN Annual Meeting was '*Moving SEAPHEIN to Influence Public Health Management Education and Action*'. The 8th SEAPHEIN Annual Meeting had been organized in a workshop mode focused on the advancing universal health coverage to reach the SDGs and the role of frontline services, strengthening the health workforce in SEA Region, aligning public health education and training with health system strengthening for UHC, building effective partnership/collaboration, role of public health education institutions in advancing UHC and achievement of SDGs, and strengthening SEAPHEIN. The main objectives of 8th SEAPHEIN meeting were to promote public health education and training in the academic institutions and universities in the member countries; role of public health education institutions/universities in advancing public health education and role of SEAPHEIN in promoting public health education and training.

¹ WHO 2006: *Strengthening Public Health Policy and Practice, Horizontal Collaboration on the Establishment of a National Task Force, Report of an Inter-country Meeting, Bangkok, Thailand 1-3 November 2006*, Available at: http://apps.searo.who.int/PDS_DOCS/B0567.pdf



Receiving the Guests at IIHMR



Regional Directors with Dr. Ashok Agarwal, Founder IIHMR

Proceedings of the 8th SEAPHEIN Meeting

DAY 1: February 13, 2017

Inaugural Session

Welcome Address

Dr. PR Sodani, Organizing Secretary, SEAPHEIN Annual Meeting and Dean (Training), IIHMR University, Jaipur, India

The Organizing Secretary of the 8th SEAPHEIN Annual Meeting, Dr PR Sodani, welcomed Dr. Poonam Khetrapal Singh, Regional Director, WHO-South East Asia Region, New Delhi as Chief Patron and Dr. Shin Young-soo, Regional Director, WHO – Western Pacific Region, Manila, Philippines as Chief Guest. Dr. Sodani welcomed all the dignitaries and participants from Bangladesh, Bhutan, India, Myanmar, Nepal, Sri Lanka and Thailand to the 8th SEAPHEIN Annual Meeting at IIHMR University, Jaipur. The event aligned with IIHMR University's continuing commitment for 32 years in creating and capacity building a public health workforce through its various academic, training and research initiatives. Dr. Sodani shared the objectives of the 8th SEAPHEIN Annual Meeting are - 1) To promote public health education and training in the academic institutions and universities in the member countries; 2). Role of public health education institutions/universities in advancing public health education; and 3) Role of SEAPHEIN in promoting public health education and training (See Annex 1: Programme Schedule; and Annex 2: List of Participants).

Dr. Sodani highlighted that the theme of the SEAPHEIN Meeting is "*Moving SEAPHEIN to Influence Public Health Management Education and Action*" with the following sub-themes and technical session: 1) Advancing universal health coverage to reach the SDGs and the role of frontline services; 2) Strengthening the health workforce in SEAR: an update on regional and global developments and directions; 3) Aligning public health education and training with health system strengthening for UHC: recent developments in countries in SEAR; 4) Building effective partnership/collaboration; 5) Country presentations on advancing the agenda of public health education and training; 6) Role of

public health education institutions in advancing UHC and achievement of SDGs; and 7) Panel discussion on strengthening SEAPHEIN and redefining its role.



Dr. PR Sodani, Organizing Secretary, 8th SEAPHEIN Annual Meeting delivering Welcome Address

He further shared that, at the end of the conference, the Business Meeting of SEAPHEIN is scheduled to present the report on SEPAHEIN and to discuss the way forward to promote the agenda of public health education and training in the region.

Evolution of SEAPHEIN

Dr Palitha Abeykoon, Ex-President, Sri Lanka Medical Association, Sri Lanka

Dr Abeykoon set the context of the meeting by highlighting the emergence and need for a SEAPHEIN network through a historical perspective. It was at the Regional Conference on ‘Public Health Education and Practice in the South-East Asia Region in the 21st Century’ in Kolkata (then Calcutta), India, in 1999 that regional countries and SEARO identified an immediate need to revive the public health education system in SEAR, to meet the challenges of a new millennium. The 1999 conference produced the ‘Calcutta



Dr Palitha Abeykoon speaking on Evolution of SEAPHEIN

Declaration’, providing a broad strategy and framework of action for strengthening public health education in the South-East Asia Region. The meeting proceedings led to creation of the SEAPHEIN network of member nations which sought to develop a model curriculum outline for public health and accreditation of public health courses in the region. In 2004, SEAPHEIN was formally established with its secretariat in the School of Public Health, Mahidol University, Thailand, with the mission to collaborate with member countries in the SEAR region and improve and sustain the quality and relevance of public health education, and to address the increasing challenges of health improvement. Presently, the network has members from over 50 public health institutions across 10 SEAR countries and 4 WPRO countries. At the 2004 inaugural meeting in Bangkok, Thailand, the members agreed to develop a charter for membership and participation in the network, develop the accreditation framework for public health education, develop one or two multi-centric research programmes and projects and develop a resource mobilization plan.

Subsequent SEAPHEIN meetings evolved with emerging public health priorities facing the region spanning over a period from 2004 to 2013 with the 3rd meeting held in 2007 at

IIHMR Jaipur, India to strengthen public health systems infrastructure; 4th meeting held in 2008 at Faculty of Public Health, Jakarta, Indonesia, on Revitalizing Primary Health Care; 5th meeting held in 2009 in Bangkok, Thailand on Inequalities in health, ICT in public health education and Networking and collaboration; 6th meeting held in 2011 at Kathmandu, Nepal, on the role of SEAPHEIN members in strengthening primary health care to improve public health in the respective countries; 7th meeting held in 2013 at Sri Lanka on Emerging Infectious Diseases: novel Corona viruses.

Achievements of the SEAPHEIN network include revival of an interest in public health in the region, renewal of education programmes in a few network countries, establishing new public health institutions, creating new programs for training and managing emerging public health issues in infectious diseases and patient safety. However, a few challenges facing SEAPHEIN remain, for instance in maintaining a leadership role in public health education and training in the region.

Agenda for the Future

Dr SD Gupta, President Elect, SEAPHEIN, and Chairman IIHMR University, Jaipur, India

Dr. S. D. Gupta President Elect, SEAPHEIN, thanked both the Regional Directors of WHO for gracing the inaugural session and profusely thanked Dr Poonam Khetrpal Singh, RD, WHO SEARO in particular for the continued funding support to SEAPHEIN. He urged for WHO's continued support to make SEAPHEIN sustainable, more dynamic, responsive and relevant to the challenges of the public health problems and issues.

Dr. Gupta said that key merit to reviving and sustaining the SEAPHEIN would be to generate a public health workforce that is trained in addressing public health needs in the regional countries. Unified accreditation system for a standard regional curriculum that integrated current and relevant multidisciplinary streams in public health could be made possible at the level of SEAPHEIN. The fifty members of the network could explore sustainable ways of reinstating SEAPHEIN into a vibrant and relevant forum with bilateral MoUs, joint grant proposals, joint training programs and faculty exchange programs.



Dr SD Gupta, President Elect, SEAPHEIN, speaking on Agenda for the Future

Inaugural Address by Chief Patron

Dr Poonam Khetrpal Singh, Regional Director, WHO – SEARO, New Delhi, India

RD – WHO – SEARO highlighted the relevance of the network in the context of the SDG goals for leaving no one behind especially with regards to essential health services and quality of care. SEAPHEIN would be an apt platform to build public health workforce adept at managing present and future public health challenges in AMR, NCD and future outbreaks. Health was at the center of the SDG goals and progress on UHC is key to achieve the health related SDGs. SEAPHEIN members could explore ways through which public health professionals in the region could contribute to taking action at the local government levels in improving health. Broader awareness of public health issues among healthcare workers could be imparted through training. SEAPHEIN could also promote the visibility of major public health issues and inspire engagement both among other government sectors and the public sector. The network could drive discussions on public health in the region and alert members on recommendations in major public health issues impacting the region. There was also an immense relevance for better data and research in public health towards creating a stronger evidence base to inform policies in the region.



Dr Poonam Khetrpal Singh, Regional Director, WHO – SEARO, delivering the Inaugural Address

Address by the Chief Guest

Dr Shin Young-soo, Regional Director, WHO-WPRO, Manila, Philippines

Dr Young-soo stressed on building synergies between the two regions of SEAR and WPR. Public health education could be reviewed in the current context of meeting SDGs. Collaborative partnerships within the network and regional members would successfully address the SDG goals. Discussions on partnerships to address health equity and strengthening UHC that impact the two regions were required. A public health workforce that could work across socio-economic status, geography and culture in the regions could meet priorities. One Health approaches addressing emerging public health challenges in areas such as AMR were becoming relevant. The regional public health workforce trained to engage with policy makers, while mobilizing political and financial support for health could subsequently be champions of health equity, strengthening health systems towards meeting UHC in the regions.



Dr Shin Young-soo, Regional Director, WHO-WPRO, Manila, Philippines addressing the delegates

Dr DK Mangal, Dean, Research, IIHMR University, Jaipur thanked the dignitaries and delegates for coming together to build a collaborative environment through SEAPHEIN.



Delegates in the Inaugural Session

Advancing Universal Health Coverage to Reach the SDGs and the Role of Frontline Services (Session 1)

Chair: *Dr. Somasak Chunharas, Former Deputy Minister for Public Health of Thailand, and Senior Advisor to the Department of Health, Ministry of Public Health, Thailand*

Co-Chair: *Dr. B.S. Garg, Director, Dr. Sushila Nayar School of Public Health, Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha, Maharashtra, India*

Speakers: *Dr. Phyllida Travis, Director, Department of Health System Development, WHO-SEARO, Dr. Rajesh Kumar, Head, PGIMER School of Public Health, Chandigarh, India*



Chair, Co-Chair and Speakers conducting the session

Dr Travis highlighted that attaining UHC was key to meeting SDG goals for ensuring healthy lives and promoting well-being for all at all ages. This included financial risk protection, access to essential health care services, medicine and vaccines for all. Despite progress in the region in meeting SDG goals, at least 130 million people in the SEAR still lacked access to one or more essential services. Along with the rural population requiring access to quality healthcare, the urban poor also needed equal attention. Accurate research

data and information was necessary for driving public health programmes in the region. Meeting SDGs could be used as an opportunity for public health capacity building in evolving frontline services through greater training in the region. There was a need for transformative education of health care workers, policy makers and managers responsible for how services are organized, managed and paid for. Dr Rajesh Kumar stressed on relevance of front line service in the context of primary health care. PHC centers were needed to be strengthened to meet burden of MCH care and communicable and NCD challenges. Additionally, increase in health care expenses and greater demand for better quality services needed to be addressed. In order to create a plan for improving PHC, it was important to understand the barriers preventing its efficiency. The second important aspect was to apply innovative technology influences like e Health interventions. e Health interventions could improve quality of care, prevent duplication and inefficiencies in delivery of clinical care and facilitate greater integration between primary and secondary care and between health and social care. A data driven evidence base for e Health was required, in relation to improvements in patient outcomes and cost effectiveness.

In the following discussion session, the delegates deliberated on ways to measure equity, needs to reach beyond health sector delivery for building front line workers, revising service delivery models and accurate data to drive health policies in the region. The key to achieving UHC would be a step by step process focusing on quality of care and empowering frontline services. Regarding e Health, the role of private sector would need to be reviewed in detail.



Participants during the session

Strengthening the Health Workforce in SEAR: An Update on Regional and Global Developments and Directions (Session 2)

Chair: Prof. Dr. Hla Hla Win, Professor & Head, Department of Preventive & Social Medicine, University of Medicine 2, Yangon, Myanmar

Co-Chair: Prof. K.R. Thankappan, Head, AMCHSS, SCTIMST, Trivandrum, Kerala, India

Speakers: Dr. Tomas Zapata, HRH Technical Officer, WHO-SEARO, Dr. P.R. Sodani, Dean Training, IIHMR University, Jaipur, India and Dr. Sanjiv Kumar, Executive Director, NHSRC, MOHFW, GOI, Delhi, India



Chair, Co-Chair and Speakers conducting the session

Dr Zappata highlighted that in addition to shortage of health workforce, mal-distribution and migration of workforce effected public health delivery. Additionally, skills and competencies of workforce are needed to be constantly assessed and strengthened. Education through faculty development, curriculum development and appropriate accreditation mechanisms were key to strengthening a workforce in the region. It was also essential recognize the need for a public health cadre within the government health departments to generate greater employment opportunities for the newly trained

workforce. A data driven evidence base to inform the requirements in workforce in the region would not only help in generation of more jobs, but also, increase opportunities for women since healthcare was a greater source for employment of women.

Dr Sodani highlighted the need for focusing on skill building in the regional workforce to manage public health priorities. A thorough assessment of the present skills of the workforce and means of bridging the skills gap thereafter was required. Innovative approaches such as practice-based and client-focused learning methods could be considered, with state of art teaching material and continuing education through creative use of information and communication technology. A greater investment in training institutions and deliberations by members of SEAPHEIN to devise strategies in strengthening skill building in the region could be useful. Engaging with key stakeholders such as training institutions, professional groups, networks such as SEAPHEIN and country PHEINs to develop skill enhancement programs in the health sector through systematic diagnosis of desired skills in clinical, technical and managerial abilities for providing quality health care services by the healthcare workforce was important.

Dr Sanjiv Kumar highlighted that all the SDG goals directly or indirectly pertained to health, hence a workforce capable of managing health would be key to achieving the SDGs. Shortage of health workforce was not only due to a skill gap, but also many trained professionals were reluctant to work in remote and hard to reach regions, leading to skewed distribution of workforce in urban vs rural areas. Additionally, Medical Officers managing national programmes were not trained in public health practice. A national regulatory body that could overarch medical as well as allied health workforce would benefit the system. Meanwhile, the Government of India was considering creation of new cadres and exploring employment opportunities for public health professionals in the government health system.

The subsequent discussion highlighted importance of accurate data required to inform policies in the region. Also, although new cadres of public health professionals were needed to achieve health priorities, the delegates suggested active participation with government agencies was required to increase visibility of public health and drive policy decisions on integrating public health workforce into the government health systems.

Aligning Public Health Education and Training with Health System Strengthening for UHC: Recent Developments in Countries in SEAR (Session 3)

Chair: Dr. Phyllida Travis, Director, Department of Health System Development, WHO-SEARO

Co-Chair: Dr. Neyzang Wangmo, Director, Research, KGUMS, Bhutan

Speakers: Dr Palitha Abeykoon, ex-President- Sri Lanka Medical Association, Sri Lanka, Prof. M Muzaherul Huq, Founding Chairman, Public Health Foundation of Bangladesh, Dr. Mahesh Kumar Maskey, Executive Chair, Nepal Public Health Foundation



Chair, Co-Chair and Speakers conducting the session

Dr Abeykoon began by highlighting the need to link strengthening health system with public health education and training and UHC. Although the primary health care workforce was required to manage the fluid and evolving community health needs on one hand, they were equally responsible for managing within the rigid systematic approaches of hospital based specialist care that were capital and labor intensive. For enabling UHC, an Essential Health Package that could be customized to needs in the region could be introduced. Also, a focused list of Essential Public Health Function could help to achieve the central objective of protecting and improving the health of populations. This could

drive the assessment of standards of public health services at national and sub-national levels, design curricula for training of public health workforce and assess standards of public health training institutes and public health competencies. Building regional human resources in health initiatives through networks such as SEAPHEIN, Medical Councils of SEAR, Nursing and Midwifery Educational Institutes Network in SEAR and the Asia Pacific Action Alliance on HRH could greatly benefit the region. These networks could work in close collaboration for greater impact. Transformative learning and improved management and leadership education were necessary for development of human resource in health.

Dr Huq stressed on achieving access to primary health to meet UHC. Public health workforce was not suitably trained in managing public health needs at primary health care centers due to a lack of practice based education instead of being dependent on a classroom based curriculum approach. Unless public health professionals gained practical experience of ground level program and their needs, they wouldn't be trained in appropriately managing health system after graduating. Faculty awareness on public health challenges at ground level and share learning from NGOs and other sectors directly involved in implementing public health programs was also important. For strengthening learning, new models such as SNAPPS could be explored. Strengthening health system would require need based production of public health professionals from public health institutes. Assessments of needs in health system, requirements in man power, curriculum and evidence based approaches were required to develop a community based health system.



Participants during the session

Dr Maskey highlighted that improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health was depended on health workers availability, accessibility, acceptability and quality. UHC cannot be realized without a strong health system nor designed to achieve goals without simultaneous effort of public health education and training. In resource limiting countries such as Nepal, it was important to motivate health workers through appropriate career incentives especially for those who worked in remote and inaccessible areas, instead of monetary incentives. Certain policy decisions at the government level such as professionals sponsored by government study fellowships to a mandatory service in peripheral and remote regions after graduation could meet access to quality service. Challenges such as trained front line workers unwilling to relocate far away from their homes, could be mitigated with locally trained and skilled workforce especially at the level of midwives at the community birthing centers. Since a need for capacity building was common to all SEAR countries, SEAPHEIN could take on a lead and contribute to joint training in this area.



Participants during the session

DAY 2: FEBRUARY 14, 2017

Building Effective Partnership/Collaboration (Session 4)

Chair: Dr. J.P. Narain, Senior Visiting Fellow, UNSW, Australia

Presenters: Dr. S.D. Gupta, IIHMR University, Jaipur, India, Dr Nutan Jain, IIHMR University, Jaipur, India and Dr. Vinod K. Arora, IIHMR University, Jaipur, India



Chair and Presenters conducting the session

Through a simulation game adapted from the book ‘Developing motivation through experiencing’ by Dr Udai Pareek and Dr TV Rao; the delegates worked in groups to understand the value of trust, team building, collaborations, partnerships, relevance of negotiations and creation of MoUs. The delegates felt that all these aspects are requisite for mobilizing resources not only for individual countries, but also within the region.

Country Presentations on Advancing the Agenda of Public Health Education and Training: Current Status and Future Agenda (Session 5)

Chair: Dr. Chench Dorjee, Dean, Royal Institute of Health Sciences, Thimpu, Bhutan

Co-Chair: Dr. Sharmeen Yasmeeen, Head, Department of Community Medicine, Bangladesh Medical College, Dhaka, Bangladesh



Chair and Co-Chair conducting the session

Bangladesh: Presented by Prof Dr. Baizid Khoorshid Riaz, Head of Public Health and Hospital Administration, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh. Bangladesh had made significant progress in eradicating diseases such as Small Pox, Polio and Kala-Azar. This was made possible because of establishment of dedicated public health institutions such as NIPSOM, which was the largest producer of public health workforce in Bangladesh. MPhil and MPH courses are offered and are availed by around 175 students each year. 8 MPH courses, each with a different specialization, such as Community Medicine, Epidemiology, Community Nutrition, Hospital Management, Health Promotion and Health Education, Health Service Management and Policy, Occupational and Environmental Health, Reproductive and

Child Health are offered. A ninth specialization in NCD is being planned. Courses are approved by the Bangladesh Medical and Dental Council (BMDC). The courses are accredited by different international organizations and are reviewed regularly to maintain international standards. The WHO - SEARO recognized NIPSOM as an institute of excellence in 1978. NIPSOM is also a member of SEAPHEIN since 2004. NIPSOM was instrumental in launching a Bangladesh PHEIN network with government institutes, medical colleges and private universities. BANPHEIN continues to build a collaborative network with a vision to improve and strengthen public health in Bangladesh. With support from UNICEF, NIPSOM and Institute of Mother and Child Health are conducting competency based training programmes in Nutrition in 26 districts. Some of the unique aspects of the competency based training are that trainers are full time and act as facilitators, not teachers. The training programme ranges from training to service delivery with incentive schemes for district trainers and implementing partners. NIPSOM also publishes a journal for sharing public health research and training articles.

Some of the challenges that public health practitioners face is recognition of public health as a relevant human resource of the country and hence, career options are limited. Additionally, due to the same challenge, well qualified students often migrate to lucrative professions such as in medicine, instead of pursuing public health as a profession.



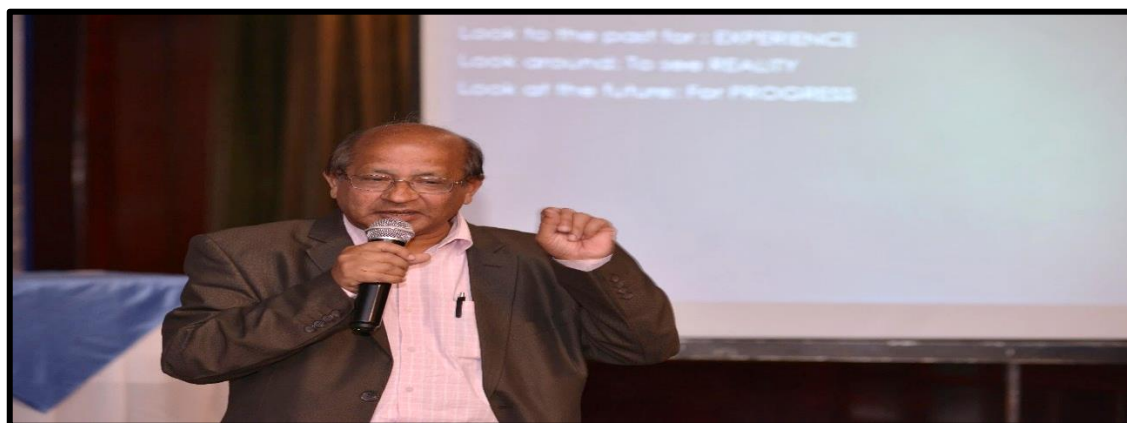
Country presentation for Bangladesh by Prof Dr. Baizid Khorshid Riaz

Bhutan: Presented by Dr Neyzang Wangmo, Director of Research, Khesar Gyalpo University of Medical Sciences, Bhutan had stressed on the primary health care system to maximize its reach to 90% of the population. Hence training to public health cadres like Health Assistants, Auxiliary Nurse Midwife and Basic Health Workers was provided since 1974. This cadre delivers integrated services that merge both clinical and public health services. Regular skill building and career incentives to Health Assistants have been provided to motivate this cadre. Basic Health Workers are also promoted to Health Assistants as a motivation. With support from WHO and SEAPHEIN, Bachelor courses in Public Health for the Health Assistants are imparted in the Royal Institute of Health Sciences. In 2013, the KGUMS initiated a Faculty of Nursing and Public Health and started certificate courses and diploma programs for Health Assistants. Fellowship programs have also been initiated with international academic partners like Massey University, New Zealand, and MPH program in Public Health and Veterinary Medicine along with international fellows from Afghanistan, Bangladesh and Nepal as an impetus to One Health approach to public health. The future agenda involves establishing a separate faculty of public health and introducing MPH programmes with different specializations. Another area under consideration is to promote operational research.



Country presentation for Bhutan by Dr Neyzang Wangmo

India: Presented by Dr S.K. Satpathy, Director KIIT School of Public Health, KIIT University, Bhubaneswar, India, highlighted the public health scenario in India. The All India Institute of Hygiene and Public Health was established with a multidisciplinary focus to meeting public health priorities in the country. However, the focus of post independent India moved to medicine as there was a need to meet the country's clinical needs. With the establishment of the National Health Mission (NHM) in 2005, the focus of the country was reinstated towards public health practice and education. With NHM, several institutes in public health emerged to build capacity with government support. Institutes like IIHMR also renewed their curriculum geared towards training professionals in public health management. Now there are more than 30 institutes engaged in imparting public health education and training across the country. Several public health academic programs have been established with collaborations from international universities like Harvard, Johns Hopkins, London School of Hygiene and Tropical Medicine. However the degree systems have to be unified. Some medical institutes provide MD in Community Medicine, some other institutes provide MPH and recently Diploma programmes in public health have also been started. A Bachelor degree in Public Health is also under consideration. Challenges in unified accreditation systems and standardizations have to be urgently reviewed. Also the evolution of these programs in the context of changing public health priorities and needs should be considered. A common accredited curriculum should be established by partnering between all public health institutes. Some of the institutes are plagued with paucity in academicians with domain expertise. Hence this is an area for active consideration. Due focus should also be provided to exploring employment avenues for the new graduates in public health so that they are recruited in government, public and private sectors.



Country presentation for India by Dr S.K. Satpathy

Myanmar: Presented by Prof Dr Htin Zaw Soe, Rector, University of Community Health, Magway, Myanmar. Primary health care is the driving force for public health professionals and delivery of health services in the country. Objectives of the Ministry of Health and Sports, Myanmar was to enable every citizen to attain full life expectancy and enjoy longevity of life and to ensure that every citizen is free from diseases. Quality education and training of health professionals and their awareness in public health and community health is a focus in the country. Fifteen universities under the Department of Human Resource for Health (MOHS) impart public health education and allied health areas. There are also undergraduate programmes in Public Health and Community health offered in the country. There are unique aspects to public health education where medical graduates are taught public health management in both theory and field trainings in their final years of medical degree programmes. Additionally, training programmes are facilitated in MPH from international universities. Some of the areas under consideration are an integrated curriculum in public health that is accredited and international collaborations with CDC to create a Myanmar CDC wing. Formation of a MYANPHEIN is also planned. Shortage of manpower, lack of public health awareness and high attrition rates are challenges facing the country.



Country presentation for Myanmar by Prof Dr Htin Zaw Soe

Nepal: Presented by Prof Kedar Prasad Baral, Rector, Patan Academy of Health Sciences, Nepal. Nepal has obtained great success in health and education sector, it suffers from challenges in quality of care and inequity in distribution of health professionals. There are 20 medical colleges under 4 universities at the present time. Bachelor of Public Health and Bachelor of Nursing are offered in addition to MPH courses, although the pedagogic approach and assessments are not similar. All levels in universities use community, local and district health system for public health teaching and learning. Student who are offered Government scholarships for postgraduate degrees have to mandatorily serve in remote and hard to reach district areas. Nepal is now looking forward to strengthen accreditation mechanism and strengthen National Health Training Center.



Country presentation for Nepal by Prof Kedar Prasad Baral

Sri- Lanka: Presented by Dr. Anuradhani Kasturiratne, Head, Department of Public Health, Faculty of Medicine, University of Kelaniya, Sri Lanka. In Sri Lanka, the chapter of SEAPHEIN was established in September 2008. The key networking partners were the Institutions under the Ministries of HE and Health, Nutrition and Indigenous Medicine. The country updated 58 programs by 2013. The decision-making bodies comprises of the academicians and specialists in Public Health. The Public health non-degree programs are Postgraduate Diplomas, Diplomas, Certificate courses, In-service training courses and

Short courses. Sri Lanka provides two undergraduates programs on Bachelors in Health Promotion and Public Health Nursing and four post graduates programs such as MSc Community Medicine/ Dentistry, MD Community Medicine/ Dentistry, MPH in Epidemiology and MSc Applied Epidemiology. The country recently focused on Identifying Public health core competencies, Capacity building in Research, Initiative on developing on-line resources and experience sharing on best practices in Public Health teaching. The future agenda for Sri Lanka is to expand the institutional membership, Improve the visibility of LANKAPHIEN, Introducing new programs such as: Certificate course in basic IT for Public Health field staff and Certificate course in basic research. Sri Lanka also aims at e-newsletter for CPD.



Country presentation for Sri Lanka by Dr. Anuradhani Kasturiratne

Thailand: Presented by Prof Supanee Promthet, Professor, Faculty of Public Health Khon Kaen University, Thailand. Some of the public health priorities in Thailand are an aging population needing palliative care, NCD, Mental Health and Migrant Health. Thailand is an ASEAN member country partnering with other regional countries and also has an active THAIPHEIN for in-country collaborations. There are quality assurance mechanisms assuring unified standards of accreditation in curriculum. Thailand offers a Bachelor program in public health and a Doctorate of public health for its public health

aspirants. Most education and training program are based on institutional reform, instructional reform and inter professional education. Collaborations, faculty development programs, periodical assessments are conducted. Thailand would like to increase visibility of its public health as an important sector in the society, focus on people centric programs that encourage inter professional and multi sectoral partnerships in the future.



Country presentation for Thailand by Prof Supanee Promthet



Participant during discussion

Role of Public Health Education Institutions in Advancing UHC and Achievement of SDGs: Group Work (Session 6)

***Moderators:** Dr DK Mangal, Dean Research, IIHMR University, Jaipur, India and Dr. Suresh Joshi, Adjunct Professor, IIHMR University, Jaipur, India*

The delegates were divided into six groups and provided a defined set of responsibilities. One member of the group was requested to make a presentation based on their responsibilities in the following session.

- Group 1 and 2 were allocated ‘Public Health Education’
- Group 3 and 4 were allocated ‘Public Health Training’
- Group 5 and 6 were allocated ‘Research and Innovation’



Group work in progress

DAY 3: 16 FEBRUARY, 2017

Group Work Presentation on Role of Public Health Education Institutions in Advancing UHC and Achievement of SDGs (Session 7)

***Chair:** Prof. Indira Chakravarty, Chief Advisor, Public Health Engineering Department, Govt of West Bengal, Kolkata, India*

***Co-Chair:** Prof. Damodar Bachani, Deputy Commissioner, NCD, Ministry of Health and Family Welfare, Government of India, New Delhi, India*



Chair and Co-Chair conducting the session

In this session, group members presented, summarized, and discussed group work from session 6 of previous day.

Group 1 and 2 had been allocated '**Public Health Education**' with the objectives to identify mechanisms to integrate UHC and SDGs in academic programs, to Outline required curriculum change and to propose pedagogy, duration and credit. The recommendations and discussions summarized from presentations of both groups were as follows:

- Curriculum should build on a strong practical approach in addition to technical portions and subject areas related to UHC, SDGs and current public health priority should be included in curriculum
- SEAPHEIN can be a platform to initiate online courses in the region in addition to classroom based courses. SEAPHEIN can drive teaching that includes country specific priorities, new ways to integrate and update curriculum for public health in member institutes.
- Interdisciplinary teaching methodology, innovative teaching methods, workshop on convergence to bring together students with health officials in the government, implementers can be developed.
- Students should be encouraged to identify community based projects and measurement and evaluation of UHC and SDG indicators in these community settings. Master's dissertations, project work and PhD thesis can be a rich opportunity for students to learn from community based research.

Group 3 and 4 were allocated '***Public Health Training***' for their group work to identify types of training programmes for different cadres starting from grassroots till health professionals, to Identify areas of networking for advocacy for policy changes, to develop a mechanism for developing a framework for capacity building of trainers and to identify role of network in collaboration and development of prototype programmes for SEAR member countries. The recommendations and discussions summarized from presentations of both groups were as follows:

- Training needs should be first analyzed and then mapping of what exists, who can deliver, and ways to piggyback on existing programmes should be reviewed. Frontline health workers can be strengthened especially in areas pertaining to UHC and SDG. New areas of training within the UHC and SDG context like leadership, advocacy elderly care, mental health, palliative care, social determinants, and e-Health should also be included.
- Funding resources in relevant training programmes can be actively explored from government and UN sources
- SEAPHEIN can help with development of a framework and prototype for mode of delivery, identify groups that need the training and awareness and help in the capacity building process. It's essential to have a SEAPHEIN e newsletter and a SEAPHEIN

journal that can share information across network institutes. SEAPHEIN can also be used as a platform to share country experience and exchange faculty level programmes in the countries.

- SEAPHEIN members should work with the government in training not only health workers but peripheral health workers in allied departments and awareness generation in public health priority areas can increase even with training teachers in public health to promote these within their schools. It's also very crucial to orient policy makers to SDGs and UHC.

'Research and Innovation' was allocated to Group 5 and 6 to develop system for promoting multi-center and multi country research grants, to identify areas for innovations in implementation research and to develop mechanism to share innovations for replication within and outside. The recommendations and discussions summarized from presentations of both groups were as follows:

- Country PHEINs can take an active role in resource mobilization within the country and regular communication to the SEAPHEIN is also required for multi – centric research and joints research grant application. Funding sources from Government, UN, WHO, World Bank, Foundations, I - NGOs etc. can be explored.
- List of experts, research faculty can be developed at each Country PHEIN and shared with SEAPHEIN secretariat. Resource sharing on applications between network countries could strengthen the research proposals applications.
- SEAPHEIN members can identify areas for innovation and implementation research to achieve UHC and SDGs within their countries and then come together to build collaborative applications with SEAPHEIN member countries.
- A core SEAPHEIN group from member representatives from each country can be created under the aegis of the secretariat which can identify multilateral issues, develop joint research proposals, explore avenues for dissemination, create repository, create a network and liaise with funders.
- It was also important to increase visibility of SEAPHEIN through active participation in public health meetings; conferences so that resources can be sought as a relevant network and dissemination of research findings through SEAPHEIN network can be explored.

Strengthening SEAPHEIN and Redefining its Role: Panel Discussion (Session 8)

Moderator: Dr. S.D. Gupta, Chairman, IIHMR University, Jaipur, India

Panelist: Dr Palitha Abeykoon, ex-President, Sri Lanka Medical Association, Sri Lanka, Prof. Aye Aye Oo, Head, Department of PSM, University of Medicine, Magway, Myanmar, Dr. Anita Kar, Director, School of Health Sciences, University of Pune, India and Dr Phyllida Travis, Director, Department of Health System Development, WHO – SEARO, New Delhi, India



Moderator and Panelists conducting the session

The panel members deliberated on avenues to strengthen and sustain SEAPHEIN for an effective and relevant role in the future of public health in the region. Following are the recommendations of panel in order to create a larger and impactful way forward, SEAPHEIN members should consider to:

- Strengthen in Country PHEINs that can feed into SEAPHEIN and strengthen the communication between member institutions.
- Develop a work plan for long term and short term expectations with achievable deliverables ranging over a period of next five years. To increase SEAPHEIN and Country PHEINs visibility a SEAPHEIN website, newsletter and/or journals that

is well circulated where member institutes actively contribute, share information and upload their own activities, should be initiated. A public health resource compendium can be uploaded on the website as a knowledge and information source within the network. SEARO journal can also be a resource source for publication of public health research articles from SEAPHEIN network. It is being indexed in PUBMED.

- Young students and members of the institutes will be roped in to create a hub for innovative thoughts, tools for sustaining the SEAPHEIN
- *Accreditation of Courses*: as SEAPHEIN is not a regulatory body, it can be a peer review body for courses in public health in the region. SEAPHEIN can take an active role in quality of education and capacity building of faculty
- To understand and contribute in a greater way, SEAPHEIN representatives can attend regional SEARO meetings. Resource for sustaining SEAPHEIN will be actively explored including collaborative applications
- A SEAPHEIN Secretariat will be strengthened and revived with support for the next 3 years by IIHMR.



Panelist speaking during the session

Business Meeting of SEAPHEIN

Handing Taking over of SEAPHEIN Presidentship

At this meeting, a formal ceremony for handing over responsibilities from the ex-President SEAPHEIN, Dr Rajitha Wickremansinghe, Dean, Faculty of Medicine, University of Kelaniya, Sri Lanka, to the present President elect SEAPHEIN, Dr SD Gupta, Chairman, IIHMR University, Jaipur, India was made by the Presidential representative, Dr Anuradhani Kasturiratne, Head, Department of Public Health, Faculty of Medicine University of Kelaniya, Sri Lanka.



The handing taking over SEAPHEIN President-ship ceremony



Welcoming the New President of SEAPHEIN Dr. SD Gupta by Dr. PR Sodani

Address by the New President of SEAPHEIN Dr. SD Gupta

Dr Gupta was hopeful of taking his responsibilities forward in building a vital collaborative network with the support of SEAPHIN members.

The 8th SEAPHEIN meeting was heralded as a ‘transformative meeting’ for bringing together members to deliberate on relevance of a network that can promote public health in the region through academics, training, and research programmes. The three days included important panel discussions on public health priorities in the region through a SDGs and UHC lens, acknowledging challenges in public health education, training and research in the region and proposing vital solutions to achieve them such as having SEAPHEIN as a peer review body for accreditation of public health courses in the region, building collaborative research proposals, identifying training and capacity needs in the region and actively seeking them through the network.



Dr. SD Gupta, President SEAPHEIN addressing the member institutions and participants

Dr. Gupta said that SEAPHEIN website would be made more vibrant and journals and newsletter would highlight the various activities of members. Members would increase visibility of SEAPHEIN within their local environments, so that the relevance and merits of this network could be highlighted. SEAPHEIN would also absorb from innovative and creative ways to be a ‘force to reckon with’ in the region by involving both the experts in public health in the network and the young generation who are the future public health professionals.

Dr. Gupta said that a work plan for long term and short term expectations with achievable deliverables ranging over a period of next five years would be developed to revive and prioritize SEAPHEIN’s activities. Most importantly, the meeting discussed ways to strengthen and rejuvenate SEAPHEIN network through first, strengthening in Country PHEINs that could link to the SEAPHEIN.

Towards this, it was also important to support an active secretariat. Member countries are very hopeful after this successful meeting; they would become the pall bearers for taking the legacy of SEAPHEIN forward in their own countries and institutions.



Participants during the meeting

Executive Committee Meeting

Chairman – Dr. SD Gupta, President

Secretariat – Dr. Jigmi Singay

The Executive Committee Meeting was convened at 1.00 – 1.45 pm under the chairmanship of the new President Dr. SD Gupta. Dr Jigmi Singay organized the Executive Committee Meeting. The Executive Committee Meeting nominated the following appointments for approval by the General Body Assembly:



SEAPHEIN Executive Committee Meeting in progress

- 1. Nomination of Executive Committee Members:** On the recommendation of the Member Institutions from the respective countries the following officials have been nominated as Executive Committee Member, one from each country present in the 8th SEAPHEIN meeting for a duration of 3 years starting from 15th Feb 2017 to 14th Feb 2020.

#	Country	Address and Contact Details
1.	Bangladesh	Prof. Dr. Baizid Khoorshid Riaz Director, National Institute of Preventive & Social Medicine (NIPSOM) Dhaka, Bangladesh, baizid.romana@gmail.com
2.	Bhutan	Dr. Chencho Dorjee Dean, Royal Institute of Health Sciences Thimphu, Bhutan, cdorji88@yahoo.com ; cdorji88@gmail.com
3.	India	Dr. B.S. Garg Director, Dr. Sushila Nayar School of Public Health Mahatma Gandhi Institute of Medical Sciences Sewagram, Wardha, Maharashtra, India, gargbs@gmail.com
4.	Myanmar	Prof. Dr. Khay Mar Mya Rector, University of Public Health Yangon, Myanmar, kkhay1@gmail.com
5.	Nepal	Dr. Mahesh Kumar Maskey Executive Chair, Nepal Public Health Foundation Kathmandu, Nepal, maskeymk8@gmail.com
6.	Sri Lanka	Dr. Anuradhani Kasturiratne Head, Department of Public Health Faculty of Medicine, University of Kelaniya Sri Lanka, akasturiratne@gmail.com
7.	Thailand	Miss Supaneem Promthet Faculty, Faculty of Public Health Khon Kaen University, Thailand, supanee@kku.ac.th

2. President Elect: Secretariat will seek nomination for the President Elect from member institutions of the SEAPHEIN and to be decided within a month's time.

3. SEAPHEIN Secretariat

- a. Mahidol University to continue to host SEAPHEIN Secretariat till the current charter is reviewed and amended.
- b. In order to support the President of SEAPHEIN the secretarial function has been temporarily moved to IIHMR till further decision is made.

4. Member Secretary: Dr. P R Sodani, Dean, Training of IIHMR University, Jaipur was nominated as the Member Secretary of SEAPHEIN.

5. Treasurer: Prof. Kwanjai Amnatsatsue, Deputy Dean, Mahidol University has been nominated as the treasurer of the SEAPHEIN.

6. Venue of the 9th SEAPHEIN Meeting: The venue of the 9th SEAPHEIN meeting will be held in the country from where the President Elect is elected

General Body Meeting

Chairman – Dr S.D. Gupta, President

Secretariat – Dr. Jigmi Singay

Following the Executive Committee Meeting, the General Body Meeting was convened in which all the above nominations proposed by the Executive Committee Meeting were approved by the General Body Meeting unanimously.

Dr. Jigmi Singay presented the proposals recommended by the Executive Committee Meeting on the following: Nominations of Executive Committee Members, President Elect, SEAPHEIN Secretariat, Member Secretary, Treasurer, and Venue of the 9th SEAPHEIN Annual Meeting.



Dr. Jigmi Singay presenting the proposals of executive committee meeting in the General Body Meeting



General Body Assembly approved the proposals of the Executive Committee Meeting



SEAPHEIN Executive Committee Members with President and Member Secretary

Recommendations of the 8th SEAPHEIN Annual Meeting

The 8th SEAPHEIN Annual Meeting made the following recommendations:

1. President of SEAPHEIN to form the following working committees:
 - a. Committee for reviewing the existing Public Health Education and Training and accreditation process and to submit recommendations for implementation.
 - b. Committee for developing resource mobilization strategies, communication and sustainability and work plan for its implementation.
2. SEAPHEIN Secretariat to follow up on the recommendations of the committees for the Public Health Education and Training and accreditation process and resource mobilization strategies and plan. Secretariat to implement and to submit the progress report of its implementation in the next annual meeting.
3. SEAPHEIN Secretariat to submit the total lists of the SEAPHEIN Members and SEAPHEIN Executive Members. Review the membership status and submit the list of membership renewals and new members both institutional and individuals in the next annual meeting.
4. SEAPHEIN Secretariat will seek nomination for the President Elect from member institutions of the SEAPHEIN and to be decided within a month's time.
5. Treasurer to collect up to date membership fees and to submit details of accounts to the next Executive Committee Meeting as well as the accounts on the funds received from WHO for the Secretariat.
6. All the SEAPHEIN members to submit their work plans for implementing the UHC/SDGs related activities and revitalization of PHC and submit to the SEAPHEIN Secretariat at the earliest (by April, 2017). Secretariat to compile the work plan of the member institutions and submit the status report in next annual meeting.
7. **Public Health Education**
 - a. Member institutions to revitalize the County PHEINs and to influence the public health institutions for public health education transformation, training and research, capacity development of the public health workers initiating with the frontline workers and faculty development in line with the UHC and SDGs.

- b. Text books for public health and curriculum should incorporate UHC and SDGs and pedagogy content to include patient safety, behavioral science, health economics, gender, communication skills, partnerships, and environmental engineering.
- c. Public health training should incorporate new topics in the training field after identification of training needs and analyzing what is delivered currently in the communities and incorporates elderly care, mental health, palliative care, social determinants, e – Health and improved the data collection and information.
- d. SEAPHEIN Secretariat to initiate public health e – News Letter and SEAPHEIN Journals and to use it for resource generation and communication.
- e. Public health training courses should also be considered for non public health professionals such as public health engineers, statistician, other peripheral health related staffs in allied sectors such as Agriculture, Veterinary and Education etc.

8. Research and Innovation

- a. SEAPHEIN secretariat to foster communication and collaboration for multi-center and multi-county research grant proposals. SEAPHEIN to collaborate with national government research activities through Country PHEIN mechanism and involvement of the public health institutions particularly for developing research capacities. SEAPHEIN should explore resource mobilization through bilateral, multilateral, and regional existing mechanism for research activities.
- b. More and more research activities to be encouraged by the public health institution through involving the students in their Master's dissertation and PhD thesis.

Closing Session

1. Participants expressed their views and feedbacks of the last 3 days meeting and thanked the President and his team and IIHMR University for the excellent organization and fruitful deliberations. They assured their full cooperation and support in making SEAPHEIN more vibrant and pro-active.
2. Dr. S.D. Gupta, President, SEAPHEIN thanked the participants for their active participation and making the 8th SEAPHEIN meeting successful. He assured his commitment to make SEAPHEIN more efficient, active and relevant.
3. Dr. P.R. Sodani, Organizing Secretary, 8th SEAPHEIN Annual Meeting expressed his deep appreciation to all the participants for attending the SEAPHEIN meeting in a short notice. He thanked WHO–SEARO for the financial and technical support for organizing the 8th SEAPHEIN Annual Meeting and look forward for continued collaboration and support with member countries and institutions. He further emphasized that under the dynamic leadership of Dr. SD Gupta, President, SEAPHEIN, we will achieve new heights to promote the agenda of public health education in the region. We look forward your support and cooperation in making it a vibrant organization in public health space.
4. The meeting was adjourned at 14:30 on 15th Feb 2017.





*8th SEAPHEIN Annual Meeting
Group Photograph*

Annex 1
Program Schedule



South East Asia Public Health Education Institutions Network

8th SEAPHEIN Meeting

**“Moving SEAPHEIN to Influence Public Health Management
Education and Action”**

February 13-15, 2017

Venue: The IIHMR University, Jaipur, India

Supported by

WHO - SEARO

Program Schedule



Organized by

The IIHMR University, Jaipur

Indian Institute of Health Management Research Jaipur, India

South East Asia Public Health Education Institutions Network

8th SEAPHEIN Meeting

“Moving SEAPHEIN to Influence Public Health Management Education and Action”

February 13-15, 2017

Venue: The IIHMR University, Jaipur, India

1. Introduction

The Indian Institute of Health Management Research (IIHMR), now IIHMR University, Jaipur is organizing the 8th Annual Meeting of the South-East Asia Public Health Education Institutes Network (SEAPHEIN) at Jaipur during February 13-15, 2017. IIHMR, Jaipur is a WHO Collaborating Centre for District Health Systems based on Primary Health Care and contributed significantly towards public health education and capacity building of health professionals. The Annual Meeting of the SEAPHEIN will be organized in continuation with the earlier annual meetings to promote public health education and training in the academic institutions and universities in the member countries of WHO-SEARO.

2. Objectives

- 1. To promote public health education and training in the academic institutions and universities in the member countries;*
- 2. Role of public health education institutions/universities in advancing public health education;*
- 3. Role of SEAPHEIN in promoting public health education and training.*

2. The Theme and Sub-themes

The theme of the proposed Annual SEAPHEIN Meeting will be "Moving SEAPHEIN to Influence Public Health Management Education and Action". The 8th SEAPHEIN Annual Meeting will be organized in a workshop mode focused on the main theme with the following sub-themes:

- Advancing universal health coverage to reach the SDGs and the role of frontline services*
- Strengthening the health workforce in SEAR: an update on regional and global developments and directions*
- Aligning public health education and training with health system strengthening for UHC: recent developments in countries in SEAR*
- Building effective partnership/ collaboration*
- Country presentations on advancing the agenda of public health education and training*
- Role of public health education institutions in advancing UHC and achievement of SDGs*
- Panel discussion on strengthening SEAPHEIN and redefining its role*

3. SEAPHEIN - Business Meeting

At the end of the conference, the Business Meeting of SEAPHEIN is scheduled to present the report on SEAPHEIN and to discuss the way forward to influence the public health management education and action.

South East Asia Public Health Education Institutions Network
8th SEAPHEIN Meeting
“Moving SEAPHEIN to Influence Public Health Management Education and Action”
February 13-15, 2017

Program Schedule

DAY 1: February 13, 2017: Monday

REGISTRATION: 9.00 AM – 10.15 AM

INAUGURAL SESSION: 10.30 AM – 11.30 AM

Program	Speakers
Registration	IIHMR Representative
Welcome	Dr. P. R. Sodani Organizing Secretary, SEAPHEIN Meeting Dean, Training & Professor, Health Systems/Health Economics IIHMR University, Jaipur, India
Evolution of SEAPHEIN	Dr Palitha Abeykoon President, Sri Lanka Medical Association, Sri Lanka
Agenda for the Future	Dr. S. D. Gupta President Elect, SEAPHEIN Trustee, IIHMR, Jaipur, India & Chairman, IIHMR University, Jaipur, India
Inaugural Address by Chief Patron	Dr Poonam Khetrpal Singh Regional Director World Health Organization-South East Asia Region, New Delhi, India
Address by the Chief Guest	Dr. Shin Young-soo Regional Director World Health Organization-Western Pacific Region, Manila, Philippines
Vote of Thanks	Dr. D.K. Mangal Dean, Research, IIHMR University, Jaipur, India
Group Photograph	
Tea/Coffee Break	11.30 – 12.00

South East Asia Public Health Education Institutions Network
8th SEAPHEIN Meeting
“Moving SEAPHEIN to Influence Public Health Management Education and Action”
February 13-15, 2017

Program Schedule

DAY 1: February 13, 2017, Monday

Time	Session Particulars
12:00 – 13:00	<p>Session 1: Advancing universal health coverage to reach the SDGs and the role of frontline services</p> <p>Chair: Dr. Somasak Chunharas, Former Deputy Minister for Public Health of Thailand, and Senior Advisor to the Department of Health, Ministry of Public Health, Thailand Co-Chair: Dr. B.S. Garg, Director, Dr. Sushila Nayar School of Public Health, Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha, Maharashtra, India</p> <p>Speakers: Dr. Phyllida Travis, Director, Department of Health System Development, WHO-SEARO Dr. Rajesh Kumar, Head, PGIMER School of Public Health, Chandigarh, India</p>
13:00 – 14:00	Networking Lunch
14:00 – 15:30	<p>Session 2: Strengthening the Health Workforce in SEAR: an update on regional and global developments and directions</p> <p>Chair: Professor Dr. Hla Hla Win, Professor & Head, Department of Preventive & Social Medicine, University of Medicine 2, Yangon, Myanmar Co-Chair: Prof. K.R. Thankappan, Head, AMCHSS, SCTIMST, Trivandrum, Kerala, India</p> <p>Speakers: Dr. Tomas Zapata, HRH Technical Officer, WHO-SEARO Dr. P.R. Sodani, Dean Training, IIHMR University, Jaipur, India Dr. Sanjiv Kumar, Executive Director, NHSRC, MOHFW, GOI, Delhi, India</p>
15:30 – 15:45	Tea/ Coffee Break
15:45 – 17:00	<p>Session 3: Aligning public health education and training with health system strengthening for UHC: recent developments in countries in SEAR</p> <p>Chair: Dr. Phyllida Travis, Director, Department of Health System Development, WHO-SEARO Co-Chair: Dr. Neyzang Wangmo, Director, Research, KGUMS, Bhutan</p> <p>Speakers: Dr Palitha ABEYKOON, President- Sri Lanka Medical Association, Sri Lanka Prof. M Muzaherul Huq, Founding Chairman, Public Health Foundation of Bangladesh Dr. Mahesh Kumar Maskey, Executive Chair, Nepal Public Health Foundation</p>
19:30 – 21:30	Dinner

South East Asia Public Health Education Institutions Network
8th SEAPHEIN Meeting
“Moving SEAPHEIN to Influence Public Health Management Education and Action”
February 13-15, 2017

Program Schedule

DAY 2: February 14, 2017, Tuesday

Time	Session Particulars
9:00 – 10:30	<p>Session 4: Building Effective Partnership/ Collaboration: <i>Simulation game for Maximizing Resources</i></p> <p>Chair: Dr. J.P. Narain, Senior Visiting Fellow, UNSW, Australia</p> <p>Presenters: Dr. S.D. Gupta, IIHMR University, Jaipur, India, Dr. Nutan P. Jain, Professor, IIHMR University, and Dr. Vinod K. Arora, Adjunct Professor, IIHMR University, Jaipur</p> <p>(Group Work on Partnership/Collaboration)</p>
10:30 – 11:00	Tea/ Coffee Break
11:00 -12:30	<p>Session 5: Country Presentations: <i>One presentation will be made from each of the Member Countries on Advancing the Agenda of Public Health Education and Training: Current Status and Future Agenda</i></p> <p>Chair: Dr. Chench Dorjee, Dean, Royal Institute of Health Sciences, Thimpu, Bhutan</p> <p>Co-Chair: Dr. Sharmeen Yasmeen, Head, Department of Community Medicine, Bangladesh Medical College, Dhaka, Bangladesh</p> <p>Speakers: To be decided by the participating countries on day 1</p>
12:30 -13:00	<p>Session 6: Role of Public Health Education Institutions in advancing UHC and achievement of SDGs (Group Work)</p> <p>Moderators: Dr. D.K. Mangal, Dean Research, IIHMR University, Jaipur, India Dr. Suresh Joshi, Adjunct Professor, IIHMR University, Jaipur, India</p>
13:00-14:00	Networking Lunch
14:00 – 16:00	Group Work
	OPEN
19:30 – 21:30	Dinner

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DAY 3: February 15, 2017, Wednesday

Time	Session Particulars
08:30 – 10:30	<p>Session 7: Group Work Presentation on Role of Public Health Education Institutions in advancing UHC and achievement of SDGs</p> <p>Chair: Prof. Indira Chakravarty, CCDU, Public Health Engineering Department, Kolkata Co-Chair: Prof. Damodar Bachani, Deputy Commissioner, NCD, MOHFW, New Delhi</p> <p>Group Presentation: To be decided by the Group</p>
10:30-11:00	Tea/Coffee Break
11:00 – 12:00	<p>Session 8: Strengthening SEAPHEIN and Redefining its Role - Panel Discussion</p> <p>Moderator: Dr. S.D. Gupta, Chairman, IIHMR University, Jaipur, India</p> <p>Panelists:</p> <p>Dr Palitha ABEYKOON, President, Sri Lanka Medical Association, Sri Lanka Dr. J.P. Narain, Senior Visiting Fellow, UNSW, Australia Dr. Phyllida Travis, Director, Department of Health System Development, WHO-SEARO Prof. Aye Aye Oo, Head, Department of PSM, University of Medicine, Magway, Myanmar Dr. Anita Kar, Director, School of Health Sciences, University of Pune, Pune</p>
12:00 – 14:30	<p>SEAPHEIN Business Meeting</p> <ul style="list-style-type: none"> • Handing Over Taking Over SEAPHEIN Presidentship • Executive Committee Meeting • General Body Meeting • Closing
14:30 – 15:00	Lunch

Annex 2

List of Participants

South-East Asia Public Health Education Institutions Network (SEAPHEIN)
8th SEAPHEIN Annual Meeting
February 13-15, 2017, Jaipur, INDIA

List of Participants

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