



Indian Public Health Association

(Official Publication: Indian Journal of Public Health)

Headquarters Secretariate

110, Chittaranjan Avenue, Kolkata 700 073

Registered under Society Act No. S/2809 of 1957 - 58

Founder Member
World Federation of
Public Health Associations
Washington, DC

- The Indian Public Health Association, the pioneer public health association in this part of the world and founder member of the WFPHA, founded way back in 1956 has completed more than five decades of its existence.
- Our pride and strength lies in the multidisciplinary nature of our membership – nationally and internationally renowned public health professionals including medical doctors, engineers, nurses, social & behavioral scientists, sanitarians, nutritionists, statisticians, veterinarians, health educators, epidemiologists and representatives of many more disciplines.
- This makes this association very special in terms of experience and expertise.

Mission Statement

Healthy People Living in Healthy Environment

1. Meetings held during 2008

Sl.	Meeting	Date & Venue
1.	52 nd Annual Central Council Meeting	6 th March 2008 at 06.00 pm in the Conference Room, Dean's Office, MAMC, New Delhi
2.	52 nd Annual General Body Meeting	7 th March 2008 at 06.00 pm in the Auditorium, MAMC, New Delhi
3.	Meeting of IPHA Academic Committee	1 st April, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
4.	148 th Central Council Meeting	18 th April, 2008 at 03.30 pm in Dept. of Community Medicine, KIMS, Bangalore
5.	Meeting of IPHA Academic Committee	30 th June, 2008 at 05.30 pm in the Office Room of IPHA HQ, Kolkata.
6.	Meeting of IPHA Oration Committee	28 th July 2008 at 01.00 pm in the MAMC Guest House, New Delhi
7.	Meeting of IPHA Purchase Committee	1 st September, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
8.	149 th Central Council Meeting	28 th September, 2008 at 02.00 pm in IPHA Bhaban, Kolkata
9.	Meeting of IPHA Academic Committee	1 st October, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
10.	Meeting of IPHA Fellowship Credential Committee	15 th October, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
11.	Meeting of IPHA Award Committee	15 th October, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
12.	Meeting of Indian Academy of Public Health	28 th November, 2008 at 11.30 Am in IPHA Bhaban, Kolkata
13.	Emergent Meeting of Central Council	8 th December, 2008 at 04.00 PM in the Office Room, IPHA, Kolkata
14.	Meeting of the Award Committee	9 th December, 2008 at 04.00 PM in the Office Room, IPHA, Kolkata
15.	53 rd Annual Central Council Meeting	8 th January 2009 at 06.00 pm in the Meeting Hall of Kempegowda Institute of Medical Sciences, Bangalore.
16.	53 rd Annual General Body Meeting	9 th January 2009 008 at 06.00 pm in Kuvempu Kalakshetra Auditorium, KIMS Hospital Campus, Bangalore.



53rd Annual Central Council Meeting



53rd Annual General Body Meeting

2. Functional Committees:

A) Academic Committee:

The Academic Committee was constituted under the chairmanship of the Ex- Secretary General Prof. Sandip Ray In the 51st IPHA Annual conference. The committee discussed and proposed formation of Indian Academy of Public Health under the auspices of IPHA. This will be a platform to encourage the public health specialist to study the evolution and contemporary development of public health, perfecting the methods of developing evidence based health intervention as per the health needs and improving the administration of the comprehensive health care package universally. The Academic Committee proposed the following guidelines for the Indian Academy of Public Health:

- 1 The Indian Academy of Public Health will work as an expert committee of the IPHA
2. The Head Office of the Academy shall be situated at the IPHA Headquarters, Kolkata.
3. The Academic Council: An academic council will be formed with the members of the IPHA who must have significant contribution as teacher, research worker, and Public Health practitioner with recognized contribution in Public Health and are willing and able to give sufficient time to fulfill the objectives of the Academy. The CC members and fellows would nominate the council members for a period of Three years. The Academic Committee will screen nominations. Non participation or insignificant contribution, which would be annually monitored, will debar any member to continue. The maximum number of council members would not be more than 10. The Secretary General and President shall be Ex officio members of the Council as per constitutional norms. In addition Chief Editor/Editor will be the ex-officio members. For any specific purpose members with special qualification/experience may be co opted for such activity but with post facto permission of Central council of the IPHA. The Academic council will have a Chairperson and a Member Secretary either of whom should be stationed at the headquarters, to facilitate functioning of the Indian Academy of Public Health. Following ratification by the CC, the Headquarter Secretariat will execute the recommendations made by the Academic council.

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- To encourage, foster and maintain the highest possible standards in public health practice
- To undertake and assist statutory bodies like MCI in redesigning the existing curriculum of public health as per the emerging health needs.
- To undertake or assist others in undertaking training courses or other educational activities designed to enhance the knowledge and skill of public health practitioners.
- To encourage carrying on, by public health practitioners and others, of research on matters of health & health systems with a view to the improvement of public health practice and to undertake or assist others in undertaking such research. To encourage the public health practitioner to do health system research and share the results with the health providers (public & private) & public at large to improve the health condition of the community.
- To assess the quality of health care package & practice by the health care providers and share the same with the public & providers for providing the best evidence based & cost effective health care package and its efficient utilization.
- To standardize the methods of public health practices based on scientific evidence & logic.

At the 1st meeting of the ad hoc committee of the IAPH (formed in the 149th CC meeting), a decision has been taken to look into the Post Graduate & Undergraduate Public health Curricula to critically analyze their relevance, to define the competencies and skills required, to formulate a core curriculum based on the health, to define the essential inputs infrastructure, man power, hardware & soft ware necessary for conducting such training and to develop an evaluation process. The time frame for this activity has been fixed as within next 6 months

B)The following Orations were delivered during the 53rd Annual National Conference

Sl.	Oration	Orator	Topic
1.	Dr. B.C. Dasgupta Memorial Oration	Dr. F.U. Ahmed Principal & Dean, Apollo Medical College (Chittoor), AP	Evaluation of PPTCT programme in AP A qualitative review
2.	Dr. A.L. Saha Memorial Oration	Dr. Sanjay Zodpey Director, Public Health Education, PHFI, New Delhi	"Public Health Research in India – Time for a paradigm shift"
3.	Dr. K.N. Rao Memorial Oration	Dr. V. Chandrashekhar Professor & Head, Dept. of Community Medicine, Rangaraya Medical College, Kakinada, AP	Inequities in Health
4.	Dr. J.E. Park Memorial Oration	Dr. B.C. Das Dean & Principal, KIMS, KIIT University, Bhubaneswar	Role of Community Medicine in Undergraduate Medical Education
5.	Dr. J.K. Sehgal Memorial Oration	Dr. P.L. Joshi Director, National Vector Borne, Diseases Control Programme (DGHS), New Delhi	Disease Control Priorities in India & Other Developing Countries

C) Awards :

Sl.	Award	Topic
1.	P C Sen Award on Rural Health Practice	A Study on Health provider practices and the factors influencing them in a primary health care setting in Udupi taluk, Karnataka
2.	S D Gaur Award on Environmental Health	Environmental protection- Solid Waste Management in Vijay Wada Municipal Corporation- Vijayawada

D). Fellowships:

Based on the proposals and applications received, the following fellowships were awarded:

Honorary Fellowship Award:

- | | |
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| 1. Dr. Jai P. Narain | Director
Department of Communicable Diseases
World Health Organization
Regional Office for South-East Asia
Indraprastha Estate, New Delhi – 110002 |
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Fellowship Award:

Sl.	Name	Designation
1.	Dr. Debnath Chaudhuri	Professor, Dept. of Biochemistry & Nutrition All India Institute of Hygiene & Public Health, Kolkata
2.	Dr. Gautam Kumar Joardar	Assoc. Prof & Head Dept. of Community Medicine NRS Medical College, Kolkata
3.	Dr J. Ravi Kumar	Assoc. Prof, Dept. of Community Medicine Osmania Medical College, Hyderabad
4.	Sri. Ram Narayan Mandal	Faculty Member Dept. of Health Education All India Institute of Hygiene & Public Health , Kolkata
5.	Ms. Geeta Sengupta	Sister Tutor
6.	Dr. Rabindra Nath Sinha	Associate Professor, Dept. of MCH All India Institute of Hygiene & Public Health, Kolkata

E). Public Health Cadre Committee:

Following the decision taken in the last ACC and AGB, on the basis of the presentation made by this committee, an appeal has been drafted for submission to the Hon'ble Minister of Health and Family Welfare GoI, as follows:

<u>An Appeal</u>	
Memo No.....	Date:
<p>To Dr A Ramdoss The Hon'ble Minister in Charge Department of Health & Family Welfare Government of India</p>	
<p>Public health practice has been defined as the science and art of disease prevention, prolonging life, and promoting health and well-being through organized community effort for the sanitation of the environment, the control of communicable infections, the organization of medical and nursing services for the early diagnosis and prevention of disease, the education of the individual in personal health and the development of the social machinery to assure everyone a standard of living adequate for the maintenance or improvement of health.</p>	

. A successful public health system focuses on prevention and health promotion rather than the cure and treatment. This paradigm aims at promoting health systems that actively change the conditions that make people sick.

Public health systems throughout the developing world are consistently involved in improving health services. In spite of the vastly improved technology and communication facilities, delivery of health care by these systems remains a labor-intensive process hence manpower remains a critical component.

Prime Minister of India said 'The importance of public health in India's development cannot be over emphasized" The National Health Policy 2002 aimed towards a policy structure to reduce health inequalities by ensuring a more equitable access to health services across the social and geographical expanse of the country and increasing the aggregate public health investment through a substantially increased contribution by the Central Government.

We need public health professionals equipped with expertise and managerial skills to design and deliver health programmes at the national level and down to the village level. We must also provide relevant training to enhance the capabilities of health care providers involved in public health activities. The Calcutta Declaration on Public Health (December 1999) called for countries to promote public health as a discipline; to recognize the leadership role of public health in formulating and implementing evidence-based healthy public policies, in creating supportive environment and enhancing social responsibility, and in advocating increased allocations of human and financial resources for health to strengthen and reform public health education, training and research.

The public health administration at the State level is to render effective service delivery. This warrants creation of a separate public health cadre for different categories of personnel e.g. Health Officers, Public Health nursing etc. The posts of incharge CHC, Dy CMO, CMO, programme officers at state and Director Public to be manned by those with public health qualification

We must address the capacity gap among health personnel. There is a severe shortage of trained public health professionals with an understanding of the principles and practice of Public health services including broad based multi-disciplinary knowledge of the determinants of health. In the changing scenario, issues like public health standards, public private partnership and accreditation and health insurance need special inputs in the training and attitude of health managers. Managing epidemiological surveillance and programme interventions based on that shall result in cost efficient and effective preventive and promotional efforts. All this requires a sound knowledge and professional skill of epidemiology, biostatistics, health management, HMIS etc. This can be done by only those with PG qualification in public health and not a generalist. Due to shortage of trained public health professionals, public health services are delivered by personnel who are only trained to provide clinical service. Such deficiencies in the public health sector have much more profound effect than in the area of patient care. This ad- hoc working arrangement neither helps in carrying out the public health activities as per the National Programs effectively nor improves the patient care as this becomes an additional burden to the clinicians who are basically trained for patient care only. (The shortage of trained manpower is more acute within the public health services sector and generates a more severe impact than deficiencies in the clinical sector.

We need public health professionals equipped with technical expertise and managerial skills to design and deliver health programs from the national level down to the village level. We must also augment public health training capacity and provide relevant need based training to enable States to provide effective public health services and provide health services to the needy with the Primary health care approach

Though "Health" is in the state list of the constitution but the nature of public health activity is beyond the scope of state function and hence may be considered as a concurrent list activity. Accordingly to formulate & implement the Public Health Activities in the country, a uniform All India based Public health Cadre is the need of the day. So there should be a uniform recruitment, training, posting, promotion policy for Public Health Professionals.

In the context of the above, the Indian Public Health Association believes a separate cadre of Public Health managers may be the most appropriate option to address some of the issues raised above.

The proposed cadre should have:

- An All India based rational cadre structure - need-based and scientifically formulated
- A well-defined recruitment policy – to attract young and talented medical professionals
- A rational promotion policy – to motivate the officers. Seniority will not be the only criteria for promotion, but qualification and performance should also be considered
- Incentives – Higher pay scales, pay to the post, quicker promotions, fringe benefits like allowances for transport, telephone, conference attendance, etc. can be taken up after cadre has been created.
- Encouragement and incentives for higher education and training in public health related courses
- Seat reservation for In Service Carders in Post Graduate Seats & their proper utilization in their Service Sector.
- Medical persons will be at the helm of affairs due to their technical knowledge, scientific background, epidemiological exposure, orientation of social research & close contact with society.
- The Public Health Specialists must possess at least DPH qualification.

- The Post Graduate Degree / Diploma must be recognized by Medical Council of India or National Board of Examination, (NBE) Govt. Of India.
 - Preference will be given to those candidates who are in service in government/ registered non-governmental sectors.
 - In service candidates must get the facility of Trainee Reserve with all the benefits of the respective Service.
 - The successful candidates should be properly utilized in the respective Service, after completion of the training
- NON-MEDICAL Public Health Professionals should also get opportunities for appropriate need based education, in-service training, placement & incentives for better functioning. Non Medical Professionals should possess PG qualification in their respective branches like DPHNO, DHE, MPH, and Master in Medico-Social Work etc .

Eligibility for Admission to Public Health Post graduate Course

Recognized Bachelor's Degree in Medicine and Surgery, in the field of Allopathy/ Ayurveda / Unani / Siddha / Homeopathy and Dental surgery/

Recognized Bachelor's degree in the field of Nursing/ Pharmacy/Physiotherapy/ Hearing and Speech Therapy/ Rehabilitation / Public Health & other allied subjects with at least one year working experience in respective fields.

Recognized Master's Degree in. Psychology / Sociology / Anthropology / Economics / Social Work /Nutrition/ Political Science / Education/ Population Sciences/Life Sciences/Disaster Management /Environmental Science/ Mass Communication/ Bio-Statistics with at least three years not one year working experience in medical and health fields.

We would request you to consider our proposal and to translate it into action at the earliest.

With regards

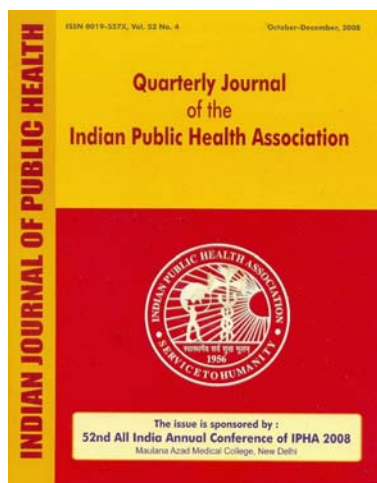
Yours sincerely

Secretary General

Indian Public Health Association

3. Indian Journal of Public Health:

- Indexed with NML - almost 5000 strong readership at national and international levels.
- Serves as a platform for sharing recent developments, best practices, views and opinions in public health practice from different parts of the country and abroad and is an invaluable resource for public health professionals
- 4 Issues per year:
- Jan-Mar Apr-Jun Jul-Sep Oct-Dec
- Thematic issues



Some special issues include:

Sl.	Topic	Issue No.	Sponsored by
1.	Special Issue on Reproductive & Child Health	Volume 46, No – 3	Ministry of H & FW Govt. of India
2.	Special Issue on Leprosy	Volume 47, No – 4	WHO, India
3.	Special Issue on Immunization	Volume 48, No – 2	PATH
4.	Special Issue on Tobacco	Volume 48, No – 3	ACAT, Tata Memorial Centre
5.	Special Theme Issue on Estimation & Projections of HIV/AIDS in India	Volume 51, No – 1	WHO, India

4. IPHA BHABAN:

A **Public Health Resource Center** has been inaugurated at the Bhaban by Dr Surya Kanta Mishra, Honorable Minister In charge, Dept. of Health & Family Welfare, Government of WB on the 53rd Foundation Day of IPHA. A large consignment of books has been received from WHO SEARO and is gratefully acknowledged.

5. Major Activities during 2008 :

Sl.	Activity	Organized by
1.	World Environment Day celebration, <ul style="list-style-type: none"> • Plantation of trees at IPHA Bhaban • Essay competition for school, undergraduate medical and postgraduate public health students on "Protecting Health from Climate Change" 	IPHA
2.	World No Tobacco Day Interactive session on " Tobacco free Youth"	Govt. of West Bengal
3.	Media Meet on Smoking and Death in India	IPHA HQ in collaboration with CGHR
4.	Media Meet on Smoking and Death in India	IPHA HQ in collaboration with CGHR
6.	Evaluation of PPTCT Outreach Program in Andhra Pradesh	UNICEF, Hyderabad Field Office & Andhra Pradesh State AIDS Control Society
7.	Workshop on NCD Prevention – Making Health Promotion work	WHO, India Country Office
8.	World TB Day	IPHA HQ
9.	World Health Day	IPHA HQ
10.	World Breastfeeding Week	IPHA HQ & Branches
11.	Public Information Campaign – Bharat Nirman Navodaya Utsav – an innovative outreach strategy "IPHA stall disseminated information on NCD risk factors and their prevention"	IPHA HQ & Press Information Bureau
12.	World AIDS Day	IPHA HQ

Important past activities:

- **Sensitization and Training/Capacity Building of Public Health Professionals**

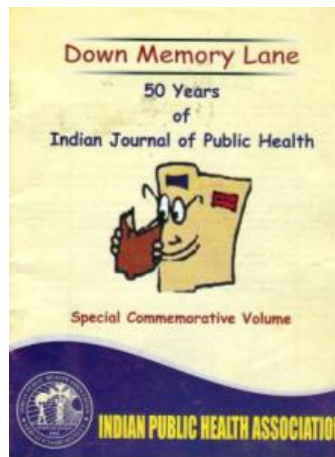
1. On "National Rural Health Mission" (NRHM). Govt. of India provided financial support for conducting three workshops for sensitizing public health professionals of the IPHA on NRHM. These workshops were organized at Delhi, Nagpur and Bhubaneswar. The report was published in the Indian Journal of Public Health, Volume 50, No-3. It was recommended that IPHA should participate in the following activities in relation to NRHM.

- a) Evaluation of training of ASHA in the country.
- b) Development of management training module for medical officers.
- c) Operational Research.
- d) Evaluation of Indian Public Health Standards

2. On HIV/AIDS.

Almost 120 Doctors were trained on Epidemiology, Treatment, Syndromic Management and Infection Control & BCC and VCTC. The programme was sponsored by West Bengal State AIDS Prevention and Control Society.

- Preparation of Commemorative volume



- **Important projects and studies undertaken:**

- 1) An assessment of strength and weaknesses of rural health care delivery system in West Bengal
- 2) Status of Adolescent Nutrition in the State of West Bengal
- 3) Evaluation of UNICEF Project on "Accelerating reduction of LBW and Malnutrition"
- 4) Department of Science & Technology Project on Reproductive & Child Health
- 5) Coverage Evaluation Survey

Coverage Evaluation Survey was conducted to evaluate routine & pulse polio immunization programs along with maternal care (antenatal, natal & postnatal) in West Bengal and Assam states, sponsored by UNICEF, Kolkata.

6 Collaborations to improve Home Hygiene & Environmental Sanitation Practices in the Community

IPHA is collaborating with the International Forum for Home Hygiene for capacity building among health care providers in this regard. The Secy. Gen. was invited to participate in the 2nd IFH conference at N. Delhi and presented scientific research papers. Dr. Sandip K. Ray (past Secretary General) was invited by the Hygiene Council, London to make a presentation on Hand Washing Practices on 16th May at London on behalf of the Association. The presentation was appreciated by international dignitaries like **Prof. Martin Exner, Director, Institute of Public Health, University of Bonn, Germany**. The article was published in the Indian Journal of Public Health Volume, 50, NO-4.

7 Evaluation of Training Resource Material on Home Hygiene

International Forum for Hygiene (IFH) under the guidance of Prof K.J. Nath, SEA Regional coordinator, has given responsibility to IPHA to evaluate the IFH/ICNA training resource material on Home Hygiene for different categories of stakeholders like Undergraduate and postgraduate medical and nursing students, health educators, ICDS functionaries. First part of the project was completed and report was submitted. IFH has appreciated the report prepared by the association. Based on this report some changes were also made by IFH and sent back for further evaluation by the experts of the IPHA.

8 The Association was invited to participate in the **Nation wide evaluation of Injection Safety Practices** by India CLEN. The findings have been incorporated in recommendations for appropriate reforms in health care strategies

Participation in Symposia, seminars etc.

1. Prof. Madhumita Dobe represented the Indian Public Health Association at the World Congress for Tobacco or Health held at Washington DC organized by American Cancer Society
2. National Symposium on Drinking Water and Community Health This national symposium was organized by National Academy of Sciences, India in New Delhi. Indian Public Health Association was one of the collaborators along with five other institutions and organizations. Prof Madhumita Dobe was invited to present a paper on "Hygiene Education for Water Quality and Safety at the Household Level."
3. Participated in the 61st Session of the WHO Regional Committee for South-East Asia at New Delhi during September, 2008.

9. NETWORKING:

- Regular interaction is maintained with the World Federation of Public Health Associations. Dr M Dobe has been selected as a member of the Scientific Committee of the 12th Public Health Congress to be held in 2009
- Member - India-Country Coordinating Mechanism (India-CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- Member – Jana Sankhya Sthirata Kosh.

- Signatory and partner in "Joint Statement on Infant and Young Child Feeding for ensuring Optimal Infant Nutrition, Survival and Development"
- Member of Public Health Consortium India
- Member of the Norwegian Indian Partnership Initiative

Over the years the association has grown in strength and capacity and mustered a pool of knowledge and experience for suggestions and constructive criticisms to support and help the Government in realizing its vision of a Health India,

- The association is proud to have enjoyed the strong supportive patronage of the Government of India and the different Non Government Sectors including International agencies like WHO and UNICEF

Strengths of IPHA

- MULTIDISCIPLINARY
- Commitment to Public Health
- Collaboration
- Cohesive Body
- Consensus
- Cooperation & Compromise rather than Conflict
- Continuity
- Flexibility
- Prompt Responsiveness

10. 53rd All India Annual Conference

The 53rd All India Annual Conference of Indian Public Health Association was held at Kempegowda Institute of Medical Science, Bangalore from January 9 – 11, 2009. The theme of the conference was Changing Public Health Scenario in the 21st century. A large number of public health professionals from different parts of country participated in the conference, which was enriched by contributions from national and international experts.



Inauguration of the 53rd All India Annual Conference of IPHA

For further information on the Indian Public Health Association – please visit our website at www.iphaonline.org

Dr. Madhumita Dobe
Secretary General