



सत्यमेव जयते



High-Level Governance and Leadership Summit on

PHEDM

Public Health Emergency and Disaster Management



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High-Level Governance and Leadership Summit on

PHEDM

Public Health Emergency and Disaster Management

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Centre of Excellence on Public Health Emergency and Disaster Management

National Institute of Disaster Management (NIDM),

Ministry of Home Affairs (MHA), Government of India (Gol)

and

National Centre for Disease Control (NCDC)

Directorate General of Health Services (Dte.GHS),

Ministry of Health and Family Welfare (MoHFW), Government of India (Gol)

in collaboration with

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Division of Global Health Protection (DGHP), Country Office, India

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Foreword

The High-level Summit on Public Health Emergency and Disaster Management (PHEDM) marks a significant milestone in our collective efforts to strengthen the PHEDM system. In recent years, the frequency and intensity of public health emergencies and disasters have underscored the importance of coordinated action, preparedness, and resilience in safeguarding public health.

This summit brought together a diverse group of stakeholders, including government officials from various sectors, as well as renowned health professionals and disaster management experts. Together, they explored best practices, innovations, and strategies to mitigate the impacts of public health emergencies and disasters, with a focus on building sustainable emergency response frameworks.

The discussions during the summit reflected the urgency of developing comprehensive policies that integrate health and disaster management sectors. From addressing pandemics and climate-induced disasters to enhancing emergency preparedness at local, national, and global levels, the summit emphasized the need for a unified approach.

We hope these proceedings serve as a valuable resource for practitioners, policymakers, and researchers alike. The insights captured herein not only highlight the progress made but also set the stage for continued collaboration and innovation in the field of public health emergency and disaster management.

We extend our gratitude to all participants, contributors, and organizers who made this summit a success. It is our sincere hope that the outcomes of this gathering will inspire and inform future initiatives aimed at creating a safer and more resilient world.

Rajendra Ratnoo

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Preface

The High-level Summit on Public Health Emergency and Disaster Management (PHEDM) stands as a testament to the remarkable collaboration between multiple institutions, all committed to advancing the integration of health and disaster management practices. As proud collaborators, we have played a crucial role in fostering dialogue and cooperation necessary to confront the increasingly intricate challenges posed by public health emergencies and disasters.

This summit served as an exceptional platform for diverse voices from the public health, disaster management, and scientific communities to come together creating an environment ripe for innovation and knowledge exchange. Through our collective efforts, we were able to bring critical issues such as emergency preparedness, rapid response mechanisms, and resilient health systems to the forefront— issues that are indispensable in safeguarding lives and livelihoods during times of crisis.

The proceedings of this summit encapsulate the essence of these discussions, showcasing cutting-edge solutions and collaborative frameworks developed through the expertise and unwavering dedication of delegates. It is our sincere hope that this document will act as a touchstone for future endeavors, inspiring continued partnerships in the years ahead.

As we delve into these proceedings, let us be inspired by the collective wisdom contained within these pages. May they serve as a catalyst for continued collaboration, innovation, and resilience in tackling public health emergencies and disasters around the world.

We extend our heartfelt gratitude to Prof. (Dr) Vinod K. Paul, Honorable Member, NITI Aayog, as well as all the delegates who generously contributed their knowledge and resources to make this summit an unequivocal success.



(Rajeev Sharma)



(Himanshu Chauhan)



(Surya Parkash)

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Acknowledgements

First and foremost, we want to thank Prof. (Dr) Vinod K. Paul, Honorable Member, NITI Aayog; Shri Rajendra Ratnoo, IAS, Executive Director, NIDM; Prof. (Dr) Atul Goel, DGHS and Director, NCDC, Dte.GHS, MoHFW; and Dr Meghna Desai, Country Director, U.S. CDC-India, for their kind guidance, encouragement and prudent expertise.

Our heartfelt thanks go to Shri Kamal Kishore, Member & Head of Department, National Disaster Management Authority (NDMA) and Shri Rajendra Singh, Member, NDMA for their invaluable guidance and support in shaping the agenda of this High-Level Summit. Their leadership and vision have been instrumental in disaster management.

Mrs. Preeti Sudan, IAS (Retd.), Member of the Union Public Service Commission (UPSC) and Former Union Secretary (Health), is deeply appreciated for her continued dedication to public health and disaster management. Her vast experience and wisdom greatly enriched the discussions and outcomes of this summit.

We extend our heartfelt gratitude to Shri Ajit Seth, IAS (Retd.), Former Cabinet Secretary, GoI. for his continuous support and guidance throughout the development journey of the Public Health Emergency and Disaster Management (PHEDM) framework. His leadership has been a cornerstone in shaping the vision and direction of this initiative.

Sincere thanks to Dr R. K. Srivastava, Former DGHS, Dte.GHS, MoHFW, GoI. and Dr Muzaffar Ahmad, Former Member, NDMA, for their invaluable contributions and expertise in public health, which have significantly enriched the PHEDM framework.

We are equally grateful to Dr M. C. Misra, Former Director of AIIMS, New Delhi, for his immense contributions and leadership in the healthcare sector, which have played a pivotal role in strengthening the public health and emergency response systems.

We would also like to extend our gratitude to our colleagues and the supporting staff at NIDM, NCDC, CDC-India and VHS-CDC Project NIRANTAR, who have been actively involved in this Summit as well as the publication of the proceedings.

Lastly, we are deeply grateful for everyone's collective efforts and unwavering support that led to the success of this Summit. We deeply appreciate each individual's contributions in making this event a remarkable success.



(Rajeev Sharma)



(Himanshu Chauhan)



(Surya Parkash)

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Programme Team

Chief Guests

- Prof. (Dr) Vinod K. Paul, Member, NITI Aayog, GoI
- Shri Kamal Kishore, Member & HoD, NDMA, GoI

Patrons

- Shri Rajendra Ratnoo, IAS, Executive Director, NIDM, MHA, GoI
- Prof. (Dr) Atul Goel, DGHS & Director, NCDC, Dte.GHS, MoHFW, GoI
- Dr Meghna Desai, Country Director, CDC, Country Office, India

Conveners

- Dr Surya Parkash, Prof. & Head, GMRD, CBRN, Industrial and Cyber DRR Division, NIDM, MHA, GoI
- Dr Himanshu Chauhan, Joint Director & Head, IDSP, NCDC, Dte.GHS, MoHFW, GoI
- Dr Rajeev Sharma, Lead-EM & PHS, DGHP, CDC-India

Distinguished Experts

- Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India
- Mr William Abrams, Deputy Director, CDC-India

Rapporteurs

- Dr Harjeet Kaur, Technical Officer-EM, VHS-CDC Project 'NIRANTAR'
- Dr Raju Thapa, Senior Technical Officer-EM, VHS-CDC Project 'NIRANTAR'
- Mr Anil Kathait, Senior Technical Officer-EM, VHS-CDC Project 'NIRANTAR'

Logistic Support

- Ms Renu, Admin Assistant, VHS-CDC Project 'NIRANTAR'

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Abbreviations and Acronyms

AIIMS	All India Institute of Medical Sciences
ATIs	Administrative Training Institutes
BHISHM	Bharat Health Initiative for Sahyog, Hita and Maitri
CBRN	Chemical, Biological, Radiological, and Nuclear
CDC	Centers for Disease Control and Prevention
DDG	Deputy Director General
DDMA	District Disaster Management Authority
DGHP	Division of Global Health Protection
DRR	Disaster Risk Reduction
DPIIT	Department for Promotion of Industry and Internal Trade
Dte.GHS	Directorate General of Health Services
DM	Disaster Management
EOC	Emergency Operations Centre
FMC	Flood Monitoring Cell
GMRD	Geo-meteorological Risks Management Division
Gol	Government of India
HoD	Head of Department
IAS	Indian Administrative Service
ICT	Information and Communication Technology
ICPPC	Identifying, Creating awareness, Preventing, Precautions and Cure
IDSP	Integrated Disease Surveillance Programme
LBSNAA	Lal Bahadur Shastri National Academy of Administration
MHA	Ministry of Home Affairs
MGUMST	Mahatma Gandhi University of Medical Sciences and Technology
MoHFW	Ministry of Health and Family Welfare

MoU	Memorandum of Understanding
NHSRC	National Health Systems Resource Centre
NCDC	National Centre for Disease Control
NCMC	National Crisis Management Committee
NEC	National Executive Committee
NIDM	National Institute of Disaster Management
NIPCCD	National Institute of Public Cooperation and Child Development
NITI	National Institution for Transforming India
NPO	National Professional Officer
PDP	Professionals Development Programme
PH	Public Health
PHE	Public Health Emergency
PHEM	Public Health Emergency Management
PHEDM	Public Health Emergency and Disaster Management
PSEB	Public Enterprises Selection Board
RSBY	Rashtriya Swasthya Bima Yojana
SFDRR	Sendai Framework for Disaster Risk Reduction
SCMC	State Crisis Management Committees
SEC	State Executive Committee
SOP	Standard Operating Procedure
TAG	Technical Advisory Group
TWG	Technical Working Group
UHPR	Universal Health Preparedness Review
UNDP	United Nations Development Programme
UPSC	Union Public Service Commission
WoCE LDR	World Center on Excellence of Landslide Disaster Reduction
WHO	World Health Organisation

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Background and Approach

In the face of challenges posed by public health emergencies and disasters, it becomes imperative to proactively address the need for inter-linking, inter-relating and integrating the Public Health Emergency Management (PHEM) and Disaster Management (DM) for reducing risks and enhancing resilience at every level. National Institute of Disaster Management (NIDM), Ministry of Home Affairs (MHA), Government of India (GoI), and National Centre for Disease Control (NCDC), Directorate General of Health Services (Dte.GHS), Ministry of Health and Family Welfare (MoHFW), GoI in collaboration with U.S. Centers for Disease Control and Prevention (CDC), Country Office, India has developed a Five-Tier Approach for Public Health Emergency and Disaster Management (PHEDM) to systematically enhance the human capacities, resources and infrastructure at different levels. Tier-1 relates to the issues, challenges and capacities of the affected communities while Tier-2 focuses on front-line workers. The Tier-3 addresses the capacity enhancement issues through the development of Professionals Development Programme Modules (Mentor's Guide, Trainers' Module and Participants Module) and Tier-4 highlights the significance of strategies, guidelines, frameworks, plans, policies and procedures at the level of planning, decision making, monitoring, evaluation and review by the senior level technocrats and administrators. The Tier-5 intends to strengthen the high level governance, leadership and motivation actors at the top-most level who are empowered to approve the national level mission, vision, goals, programmes and projects. The Sendai Framework (2015-2030) has also identified Strengthening Governance for Disaster Risk Reduction (DRR) as one of the 4 priority actions. The Sendai Framework for Disaster Risk Reduction (SFDRR) emphasized on an ecosystem-based approach that promotes one health and nature-based solutions. Similarly, the Hon'ble Prime Minister's 10 Point Agenda on DRR has also emphasized on the integration and mainstreaming of DRR in all areas of development. Hence, the proposed Tier-5 of the PHEDM gains importance in terms of the strategic role of governance and leadership in motivating and encouraging capacity enhancement at all levels among concerned stakeholders.



Figure 1: Public Health Emergency and Disaster Management- (PHEDM) Five-Tier Approach

Mission

- I. To systematically enhance the human capacities to address the diverse needs of inter-ministerial, multilayered, cross-sectoral and trans-disciplinary stakeholders, from the grass-root level (affected communities) to the top-most level (leadership and governance) through the professional development programmes and active engagement of administrators, planners, policy, and decision-makers for the PHEDM.
- II. To institutionalize sustainable processes, procedures, programmes, projects and protocols for nurturing a culture of hygiene, health, safety, resilience and sustainability (considering past, existing, potential and emerging unsafe developments / climate changes / cyber risks related to digital health systems) both in physical and the digital ecosystem with improved efficiency and coordination at all levels without any exclusion (no one left behind with an all inclusion approach).

Shri Rajendra Ratnoo, IAS

Executive Director, NIDM, MHA, GoI



Shri Rajendra Ratnoo, an IAS officer of the 2001 batch Tamil Nadu cadre, is currently serving as the Executive Director of the National Institute of Disaster Management, Ministry of Home Affairs, Government of India. He has effectively steered the Institute for furthering cooperation in capacity development for disaster risk reduction and resilience, humanitarian assistance, disaster relief and climate change adaptation. He took the lead in organising events of the National Platform for Disaster Risk Reduction (NPDRR) 2023 and participated at the G20 Disaster Risk Reduction Working Group Meetings. Before joining NIDM, Shri Ratnoo served as Joint Secretary in the Department for Promotion of Industry and Internal Trade, where he led international coordination and industrial development initiatives. He has served the state of Tamil Nadu in various capacities in different sectors including Tsunami Rehabilitation, Rural Development, Fisheries, Shipping, Urban Governance, Technical & Higher Education, Disaster Management etc. Recognised for his outstanding contributions, he was awarded the Prime Minister's National Award for effective implementation of NREGS works and has received accolades such as the Chief Minister's Award for Public Grievance Redressal and the 'Yuva Ratna' Award by the Governor of Rajasthan.

Shri Rajendra Ratnoo welcomed all the dignitaries to the summit and expressed gratitude for their presence. He outlined the objectives of the summit, highlighting the importance of collaboration and knowledge-sharing for Public Health Emergency and Disaster Management (PHEDM) right from the grassroots level at the bottom to top-level governance and leadership of the five-tier PHEDM approach. He also provided insights on the journey of the PHEDM-PDP training programme and informed that it has been piloted in Tamil Nadu, validated in Uttarakhand and implemented in Rajasthan, Gujarat and Maharashtra States. He pointed out the dynamic nature of the PHEDM package, which is continuously refined as per the response and the evolving requirements of the concerned stakeholders.

Furthermore, he drew attention to the collateral damages and losses due to public health emergencies and disasters. He emphasized the importance of proactive measures and preparedness in effectively mitigating such collateral damages and losses from public health emergencies and disasters.

Key Takeaways



- Stress upon the importance of proactive measures and preparedness in effectively mitigating collateral damages and losses from such events.
- NIDM, MHA along with NCDC, MoHFW; CDC-India and other concerned stakeholders, to prioritize training, capacity enhancement and advocacy for PHEDM.
- Necessity of seamless coordination among multiple levels of stakeholders in PHEDM.

Prof. Surya Parkash

Head (GMRD, CBRN, Industrial, Cyber DRR Division,
EOC, FMC and WCoE LDR), NIDM, MHA, GoI



Prof. Surya Parkash is heading the GMRD, CBRN, Industrial and Cyber DRR Division at NIDM. He is also faculty in charge of specialized centres on World Centre of Excellence on Landslides Disaster Reduction (conferred by International Consortium on Landslides, Japan under International Programme on Landslides), Early Warning and Communication, Safe Hill Area Development, Coastal DRR&R, EOC and GIS, Flood Monitoring Cell, CBRN, Industrial and Cyber DRR. He is nodal faculty for coordinating with the Union Ministries of Parliamentary Affairs, Labour & Employment, Petroleum & Natural Gas, Coal, New & Renewable Energy, Communication, Mines, Shipping, and North Eastern States for facilitating the formulation of DM plans.

Prof. Surya Parkash presented a brief overview of the PHEDM and its objectives, which focused on fostering the leadership dialogue, collaboration and innovations related to PHEDM. He elaborated on the significant efforts undertaken during the COVID-19 pandemic, such as conducting a periodic series of 24 webinars to disseminate PHEDM knowledge, experiences and expertise with the online learning community. He mentioned about the constitution of the Technical Working Groups (TWGs) by the Ministry of Health and Family Welfare to deliberate on Staff, Stuff and System for PHEDM.

He discussed the development and implementation of a 5-tiered approach spanning from the communities at the grassroots level (Tier-1); front line workers at Tier-2 level; Professionals Development Programme (PDP) at Tier-3 level; Planners, Policy and Decision makers at Tier-4; and at the top/apex level the leadership and governance at Tier-5. He proposed developing a draft white paper and tentative roadmap for a period from the year 2024 to 2030 with an aim to assess the present status along with existing gaps and explore options for strengthening the governance and leadership for efficient implementation framework on PHEDM while dealing with the emerging challenges like climate change, population concentration and ill-planned or chaotic developments. Finally, he shared few key questions designed to facilitate the leadership dialogue under the chairmanship of Honourable Member, NITI Aayog, Prof. (Dr) Vinod K. Paul.

Key Takeaways



- Proceed with drafting a white paper and tentative roadmap for the period from 2024 to 2030, aimed at assessing the current status, identifying existing gaps, and exploring options to strengthen governance and leadership for PHEDM.
- Address emerging challenges such as climate change, population concentration, and unplanned developments within the framework of PHEDM.

Prof. (Dr) Atul Goel

DGHS and Director NCDC,

Dte.GHS, MoHFW, GoI



Prof. (Dr) Atul Goel is a distinguished healthcare leader with over 25 years of experience. He currently serves as the Director General of Health Services at MOHFW, GoI and Director of the National Centre for Disease Control (NCDC). Before joining NCDC, Dr Goel held the position of Director Professor of General Medicine at Lady Hardinge Medical College, New Delhi. His extensive experience spans medical education, public health, and healthcare management.

Prof. (Dr) Atul Goel extended his gratitude to all participants for their presence and active engagement in the summit. He reinforced the inevitable correlation between public health emergencies and disasters, stressing that each event can carry the potential to significantly impact public health, encompassing both physical as well as mental well-being. Drawing parallels between historical pandemics such as the Spanish flu and the contemporary COVID-19 crisis, he deplored the tendency of societies to overlook or neglect the lessons inherent in such events.

Prof. Goel highlighted the pivotal role of Tier-1 and Tier-5 in the framework of PHEDM, emphasizing their significance in ensuring effective preparedness and response mechanisms. He stated that in any disaster or emergency, the lowest level response, needs to emanate from the community who are to be part of the PHEDM system (Tier-1), which the collaboration of NCDC, NIDM and CDC is actually addressing, although the ultimate guidance has to be received from Tier-5 at the State and National levels where India has been fortunate to have an impressive leadership that led from the front, enabling great coordination at every level. He commended the proactive steps taken to promote community participation (PHEDM Tier-1), particularly stating the initiatives taken during the PHEDM training at Nausar Gram Panchayat, Khatima Block, District Udham Singh Nagar, Uttarakhand. Consequently, similar efforts are ongoing in Goondpur Gram Panchayat, Malakhera Block, District Alwar, Rajasthan.

Furthermore, he elucidated the importance of leadership at Tier-5, emphasizing its decisive influence in coordinating efforts and maximizing efficiency. Stressing the necessity of collaboration at the apex level, he emphasized that such synergy is vital for preventing redundancy, duplicity and ensuring streamlined operations across the board with defined roles and responsibilities of different agencies.

Key Takeaways



- Constitution of Inter-Ministerial Group at the apex level for enhancing the collaboration and coordination for PHEDM and preventing redundancy and duplication.
- Proactive efforts must be undertaken to foster community participation through the PHEDM Tier-1 initiative.

Smt. Preeti Sudan, IAS (Retd.)

Member, UPSC and Former Union Secretary (Health and Family Welfare), GoI



She has vast experience of nearly 37 years in the almost all spheres of Government Administration. In her last stint as Union Health Secretary for three years, especially the last six months, she handled the COVID-19 pandemic. Prior to this, she was Secretary, Department of Food & Public Distribution. Smt. Sudan has made many notable contributions in various National Level programmes. The initiation of two major flagship programmes of the country i.e. Beti Bachao Beti Padhao and Ayushman Bharat apart from Legislation on National Medical Commission, Allied Health Professionals Commission & ban of E-cigarettes are some such important initiatives.

Smt. Preeti Sudan applauded the approach of a 5-tiered framework for PHEDM capacity enhancement and suggested ICPPC (Identifying, Creating awareness, Preventing, taking Precautions and Cure) strategies as means to enhance its implementation. She emphasized the significance of implementing proactive, preemptive, and graded strategies, drawing from the lessons learned during the COVID-19 pandemic. She underscored the robust framework of the health sector and recommended the involvement of institutions such as the National Health Systems Resource Centre (NHSRC) and the National Institute of Public Cooperation and Child Development (NIPCCD). Additionally, she proposed the creation of modules in regional languages, emphasizing the importance of advocacy at the village level and meticulous micro-planning.

At the tactical level, she proposed initiatives such as health wellness centers and learning from immunization programmes. Additionally, Smt. Sudan discussed the aggregation of data and the strategic implementation of the Clinical Establishments Act in private hospitals as key components of effective PHEDM. At the apex level, she emphasized the value of collaborative learning, stressing the need to establish a high-level group led by the health sector and supported by other relevant sectors. Furthermore, she advocated for the development of a comprehensive PHEDM manual, ensuring standardized procedures and protocols across all levels of governance.

Key Takeaways



- Develop ICPPC (Identifying, Creating awareness, Preventing, taking Precautions and Cure) strategies to enhance PHEDM implementation.
- Development of a comprehensive PHEDM manual, ensuring standardized procedures and protocols across all levels of governance.
- Creation of modules in regional languages, emphasizing the importance of advocacy at the village level and meticulous micro-planning.

Shri Kamal Kishore

Member and Head of Department, NDMA, GoI



Shri Kamal Kishore has worked on disaster risk reduction and recovery issues for over 22 years at the local, national, regional and global levels. Prior to joining the National Disaster Management Authority, he worked with the United Nations Development Programme (UNDP) for nearly 13 years in New Delhi, Geneva and New York. At UNDP headquarters he led global advocacy campaigns to address disaster risk reduction concerns in the UN's Sustainable Development Goals and the post-2015 development agenda. As programme advisor, he also led the development of disaster and climate risk management-related elements of the UNDP Strategic Plan (2014-17).

Shri Kamal Kishore provided insights into the consequences of Public Health Emergencies (PHE) of conventional disasters, citing the example of Cyclone Biparjoy. Drawing from global experiences, he referred to the earthquake in Haiti, which led to cholera outbreaks, emphasizing the need to mitigate cascading disaster impacts. He also discussed the altering geographic scenarios caused by heat waves and stressed the importance of integrating data from both Disaster Management (DM) and Health sectors, as seen during the COVID-19 pandemic. He highlighted the necessity of ensuring the physical resilience of health infrastructure, including the construction of resilient hospital buildings.

Furthermore, he emphasized the urgent need for collaborative research efforts to develop epidemiological models and facilitate cross-learning between PHEM and DM domains. His remarks accentuated the importance of proactive measures and interdisciplinary approaches in addressing the complex challenges posed by public health emergencies and disasters.

Key Takeaways



- Urgent need for collaborative research efforts to develop epidemiological models and facilitate cross-learning between PHEM and DM domains.
- Mitigate secondary consequences of disasters through appropriate actions.

Shri Ajit Seth, IAS (Retd.)

Former Cabinet Secretary, Govt of India



He is a 1974 batch Indian Administrative Service (IAS) officer from Uttar Pradesh Cadre. He was the 30th Cabinet Secretary of the Republic of India. Seth served as First Secretary in the Permanent Mission of India to the United Nations at Geneva, Switzerland. Upon retirement from the post of Cabinet Secretary, he was appointed as Chairman of Public Enterprises Selection Board (PESB).

Shri Ajit Seth delved into the operational mechanisms designed to address crises, noting the existence of the National Crisis Management Committee (NCMC) and State Crisis Management Committees (SCMC). However, he pointed out the necessity of training middle-level functionaries specifically for handling disasters, emphasizing the critical role they play in effective disaster management. He emphasized the need for legal backing to ensure effective management of PHE situations and advocated the enactment of PHE laws.

He further emphasized the importance of sensitizing the Ministry of Finance regarding budget allocation, recognizing that institutional support is indispensable for the sustainability of PHEDM initiatives. He reiterated the concept of “building back better” and stressed the imperative of training local communities to proficiently handle emergencies at the grassroots level. His remarks shed light on the existing gaps in preparedness and response to public health emergencies, emphasizing the urgent requirement for legal frameworks, adequate funding, and community training to effectively address such crises.

Key Takeaways



- Need to train local communities to effectively manage emergencies at the grassroots level.
- Requirement for legal frameworks, sufficient funding, and community training to adequately tackle such crises.

Shri Rajendra Singh

Member, NDMA, GoI



Shri Rajendra Singh who is a Member of the National Disaster Management Authority, continues to contribute significantly to national disaster preparedness and response. Prior to his appointment as a member NDMA, he was at the reins of the the Indian Coast Guard from 2016 to 2019. During his service tenure, erstwhile Director General held various important Command and Staff appointments and recognized with the Tatrakshak Medal (1990) and President's Tatrakshak Medal (2007) for his efforts in apprehending maritime offenders. He supervised and guided critical initiatives in maritime security, including the largest-ever narcotics seizure in Indian maritime history. He chaired the National Maritime Search and Rescue Board and the National Oil Spill Disaster Contingency Plan, coordinating response efforts across the region. His proactive leadership in combating piracy and coordinating security measures for offshore installations enhanced India's maritime security standing. With over 39 years of service, Shri Rajendra Singh's leadership in disaster management, maritime security, and international cooperation has left a lasting impact on both national and regional security frameworks.

Shri Rajendra Singh complimented the organizers for convening the summit. He emphasized the importance of a people-centric approach, stressing the need to reach the last mile in disaster management efforts. He highlighted the evolution of capacity development during the COVID-19 pandemic, emphasizing the importance of adaptability and resilience in responding to dynamic challenges. He urged for the "Team India" approach, drawing inspiration from the success story of the *Silkyara* tunnel disaster 2023, where multisectoral collaboration served as the cornerstone of achievement. He also emphasized the importance of preparedness and community awareness, citing the *Aapda Mitra* Scheme as a prime example. This scheme plays a pivotal role in establishing a network of volunteers across the nation, crucial for effective disaster response and community resilience. He underscored the importance of providing manuals and resources in local languages to ensure accessibility and effectiveness. Lastly, Shri Singh stressed on the need for a robust knowledge management system to facilitate learning, information sharing, and continuous improvement in disaster management practices. His deliberations highlighted the importance of inclusive, collaborative, and proactive approaches to enhancing resilience and managing disasters effectively.

Key Takeaways



- Need for a robust knowledge management system to facilitate learning, information sharing, and continuous improvement in disaster management practices.
- ICT materials should be developed in local languages to ensure accessibility and effectiveness.

Dr M. C. Misra

Former Director, AIIMS New Delhi



Dr M. C. Misra is the former Director of All India Institute of Medical Sciences (AIIMS), New Delhi. Currently, he is the President cum Vice Chancellor of Mahatma Gandhi University of Medical Sciences and Technology (MGUMST), Jaipur. Dr Misra during his 39-month tenure as Head, AIIMS took the medical institution to newer heights. The JPN Apex Trauma Centre expansion and construction of the surgical block are symbolic of his contribution. Dr Misra holds the record for the maximum number of endocrine surgeries in the country for adrenal gland tumours.

Dr M. C. Misra emphasized the vital role of health specialists as frontline soldiers during emergencies and disasters. Drawing from his vast experience, he cited examples of the Sarojini Nagar bomb blast, Bhopal Gas tragedy, and Delhi High Court bomb blast, highlighting the pivotal role of healthcare professionals in responding to mass casualties and traumatic events. He pointed out the importance of preparedness for both communicable and non-communicable health emergencies, particularly trauma cases.

Dr Misra advocated for a bi-standard response approach, emphasizing the need for specialized protocols and training to address diverse health challenges effectively. Additionally, he emphasized the establishment of trauma life support and cardiac life support systems to enhance emergency response capabilities and minimize casualties. His reflections underscored the significant role of healthcare professionals in disaster management and the importance of specialized training and infrastructure to ensure effective emergency response and patient care.

Key Takeaways



- Advocated the need for specialized protocols and training to handle diverse health emergencies effectively.
- Highlighted the importance of establishing trauma and cardiac life support systems to improve emergency response and reduce casualties.

Dr Meghna Desai

Country Director, CDC-India



Dr Meghna Desai is the CDC India Country Director and Program Director for the Division of Global Health Protection (DGHP). She is an epidemiologist with over 20 years of experience. Previously, she was Chief of the Malaria Branch in the Division of Parasitic Diseases and Malaria, in the Center for Global Health at CDC. Dr Desai is a Ph.D. in Clinical Epidemiology from the University of Amsterdam, with an MPH in International Health and a B.S. in Anthropology and Human Biology from Emory University.

Dr Meghna Desai mentioned that our collective presence here underscores the gravity of the challenges posed by public health emergencies and disasters and the imperative need for effective leadership and governance across all levels in different relevant sectors. She emphasized the need for establishing an inter-ministerial group at the apex level to provide a platform for collaboration and information sharing among relevant ministries, ensuring a unified and well-coordinated response.

Furthermore, she emphasized the importance of harnessing advanced technology and advocated for the establishment of comprehensive databases or digital platforms. She emphasized the necessity of crafting a cohesive framework or roadmap that outlines collective aspirations, milestones, and performance metrics to ensure alignment and accountability throughout the implementation process. She recognized the inherent obstacles such as divergent priorities, mandates, and communication barriers that complicate collaboration in such contexts. Therefore, she emphasized the critical need for establishing robust governance frameworks and coordination mechanisms to facilitate cohesive and effective collaboration, ensuring that collective efforts are streamlined towards achieving common goals in PHEDM.

Key Takeaways



- There is a need to establish an apex-level inter-ministerial group to serve as a platform for collaboration and information sharing among relevant ministries, ensuring a unified and well-coordinated response.
- The necessity of crafting a cohesive framework or roadmap that outlines collective aspirations, milestones, and performance metrics to ensure alignment and accountability throughout the implementation process.
- Establish robust governance frameworks and coordination mechanisms to facilitate cohesive and effective collaboration, ensuring that collective efforts are streamlined towards achieving common goals in PHEDM.

Dr Muzaffar Ahmad

Former Member, NDMA, MHA, GoI



He is a Public Health Medical expert with more than 28 years of experience, having worked in various positions. He has vast experience in the field of Disaster Management, having professionally worked in the Management of Disasters for more than 20 years. He has provided medical care during various disasters including floods, earthquake, avalanches, landslides, tsunami, manmade strife (during blasts / grenade attacks), terrorist attacks and the yatra of Shri Amarnathji and during Kargil war & shelling in border areas, fire accidents in army ammunition depot. He has also planned and monitored national health programs and actively supervised and controlled outbreaks and epidemics.

Dr Muzaffar Ahmad emphasized the need for establishing mechanisms for state executive committees dedicated to both health and disaster management. He highlighted the importance of collaboration and coordination between these committees to effectively address public health emergencies and disasters. He focussed on the necessity of conducting disaster epidemiology studies across the country to better understand the impact of disasters on public health and to inform evidence-based response strategies. He stressed the strategic utilization of platforms such as State Executive Committee meetings dedicated to health and disaster management. His emphasis was on advocating for the Tier-5 initiative during these sessions, aiming to raise awareness and secure support from state-level and national-level leadership and governance. Additionally, he pressed upon the significance of meticulous documentation, highlighting its important role in ensuring focus and clarity in the pursuit of effective public health and disaster management strategies.

Key Takeaways



- Documentation of best practices and lessons learnt during the past events.
- Strategic platforms such as National Executive Committee (NEC), National Crisis Management Committee (NCMC), State Executive Committee (SEC) and State Crisis Management Committee (SCMC) etc. may consider inter-relation, inter-linkage and integration of PHEM and DM for the implementation of PHEDM.

Dr Anil Kumar

Principal Advisor (PH), NCDC, Dte.GHS, MoHFW, GoI



Dr Anil Kumar is the Principal Advisor (PH) at the National Centre for Disease Control (NCDC), Directorate General of Health Services (Dte.GHS), under the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI). With a distinguished career in public health, he previously served as the Additional Deputy Director General (DDG) at the Directorate General of Health Services, Ministry of Health and Family Welfare. Dr Kumar's extensive experience and leadership in the health sector have been instrumental in shaping national health policies and programmes.

Dr Anil Kumar shared insights on successful disaster response experiences and challenges faced during the COVID-19 pandemic. He recounted the success story of the Bhuj earthquake, highlighting the exemplary coordination and active participation of communities. Dr Kumar emphasized the effectiveness of local-level surveillance systems implemented during the earthquake response, which facilitated rapid detection and response to health threats.

However, he also addressed the challenges encountered during the COVID-19 pandemic, particularly the difficulty in communicating effectively at the grassroots level. To overcome this obstacle, he suggested the utilization of newer technologies to enhance communication with the community, emphasizing that leveraging innovative tools could yield optimal results in disseminating crucial information and ensuring widespread awareness during health crises.

Key Takeaways



- Emphasized the importance of documenting gaps and challenges encountered during the COVID-19 response to inform future preparedness and response efforts.
- Advance the development of the science of PHEDM through research and innovation initiatives.

Dr Anupam Talwar

IDES, Deputy Director, Lal Bahadur Shastri National Academy of Administration (LBSNAA)



Dr Anupam Talwar is a 2012 batch Indian Defence Estates Service (IDES) officer, currently serving as the Deputy Director at LBSNAA. She brings extensive experience in public administration and training, contributing to the development of future civil service leaders at the Academy.

Dr Anupam Talwar appreciated the PHEDM five-tiered framework and proposed to extend support by including its component in their organization's training courses. She highlighted the potential for the PHEDM initiative to have a multiplier effect and emphasized the importance of actively engaging with State Administrative Training Institutes (ATIs).

Dr Talwar also underscored the significance of collaborating with the Ministry of AYUSH as a crucial step in achieving a comprehensive approach to health education and training. She expressed eagerness to collaborate for the implementation of PHEDM at the apex level.

Key Takeaways



- Incorporation of orientation on PHEDM package in Training Courses of LBSNAA and collaboration with LBSNAA for strengthening governance and leadership on PHEDM.
- Engaging State Administrative Training Institutes (ATIs) for the PHEDM initiative to have a multiplier effect.

Dr R. K. Srivastava

Former DGHS, Dte.GHS, MoHFW, Gol



He served as a Director General of Health Services (DGHS) of Directorate General of Health Services (Dte.GHS), MoHFW, Gol. He is a public health administrator, medical education regulator and rehabilitation/disability expert. As DGHS, he was involved with all public health emergencies, programmes. Formerly, he worked to create research evidences for population policies of India and its various states, so as to bring about changes in policies, programmes, interventions towards population stablization in India. He was also working with the Indian Council of Medical Research for establishing a national rehabilitation and disability research system, so that research evidences can be systematically generated, disseminated, compared and compiled as data base for complementing national public health programme, which directly/ indirectly deals with disability.

Dr R. K. Srivastava commended the merger of Public Health Emergency Management (PHEM) and Disaster Management (DM). While appreciating effective community-level engagement, he emphasized the need to expand efforts to higher administrative echelons.

Dr Srivastava also lauded the integration of public health into disaster management, informing that even the World Health Organization (WHO) faced challenges in such efforts in the past. As a member of the WHO's Global Technical Advisory Group (TAG), he expressed his deep sense of satisfaction with India's success in this field. Drawing upon insights from the WHO regarding the Universal Health Preparedness Review (UHPR), he drew serious attention towards the necessity for a cohesive approach to address public health challenges, particularly in the context of disaster preparedness and response.

Key Takeaways



- Highlighted the need for engaging community-level to ensure comprehensive and coordinated efforts during PHEDM.
- Need for a cohesive approach to tackle public health challenges, especially in disaster preparedness and response.

Dr Sujeet Kumar Singh

Former Director, NCDC, Dte.GHS, MoHFW, GoI



Dr Sujeet Kumar Singh with over 32 years of experience in public health, has made significant contributions as the Director of NCDC, Dte.GHS, MoHFW, GoI. His expertise in epidemiological investigations pivotal in controlling outbreaks of Nipah Virus in Kerala, AES in Muzaffarpur, and Zika in Rajasthan and MP, among others. Dr Singh effectively planned and implemented public health measures during pandemics such as Ebola, MERS-CoV, Zika Virus, H1N1, and avian influenza. During the COVID-19 pandemic, he served as a national resource and member of the National Task Force and Joint Monitoring Group, focusing on surveillance, contact tracing, and containment strategies.

Dr Sujeet Kumar Singh emphasized the importance of collaboration in the realm of public health. He highlighted the need for seamless sharing of documents and data from the district level to the national level, stressing the significance of information exchange for effective decision-making and response coordination. Additionally, he advocated for enhanced coordination efforts, particularly in the context of Chemical, Biological, Radiological, and Nuclear (CBRN) disasters, emphasizing that health considerations should be integrated into all disaster management protocols. Sharing of resources at the district level – Emergency Operations Center (EOC) under Delhi Disaster Management Authority (DDMA) with Integrated Disease Surveillance Programme (IDSP) for regular coordination between DDMA and PH surveillance unit was also highlighted.

Key Takeaways



- Need for seamless sharing of documents and data from the district to the national level.
- Emphasised improved coordination efforts, especially regarding Chemical, Biological, Radiological, and Nuclear (CBRN) disasters, emphasizing the integration of health considerations into all disaster management protocols.
- Ensuring effective communication and information for making well-informed decisions and ensuring coordinated actions.

Dr K Madan Gopal

Advisor, Public Health Administration, NHSRC, GoI



Dr K Madan Gopal is an experienced health professional with over 30 years of expertise in Health Systems Reforms and Strengthening in India. Currently serving as Advisor - Public Health Administration at NHSRC-MoHFW, GOI, Dr Gopal continues to contribute his expertise to further enhance public health administration in India. His invaluable expertise played a crucial role in implementing the Rashtriya Swasthya Bima Yojana (RSBY), one of the world's largest health insurance schemes, and in rolling out AB-PMJAY.

Dr K Madan Gopal underscored that the integration of PHEDM at the national apex level must be comprehensive, inclusive, and technologically adept, ensuring readiness and efficiency in the face of any crisis. He said that this strategy should not replace but rather complement and enhance existing structures, creating a robust, multi-layered emergency management framework. Further, he mentioned that when effectively implemented, these mechanisms would form a robust and integrated PHEDM framework at the national level, ensuring that the response is cohesive, rapid, and efficient when emergencies arise.

Dr Gopal emphasized the imperative of integrating PHEDM with existing national programmes with a holistic and inclusive vision to ensure that each initiative's diverse strengths are harmonised to build a resilient PHEDM infrastructure for India. Further, he pointed out the dual nature of the challenge in integrating PHEDM at the apex level in India, portraying it not only as a formidable task but also as a strategic opportunity to strengthen our national preparedness and response capabilities. He urged that addressing these challenges head-on with clear strategies and dedicated efforts can enhance our resilience in public health emergencies and disasters.

Key Takeaways



- Develop a strategic plan for integrating PHEDM with national programmes, involving thorough assessment, stakeholder collaboration, policy alignment, capacity building, robust monitoring and evaluation, and public engagement to ensure a resilient and sustainable infrastructure for India.
- Need for a holistic, inclusive, and technology-driven integration of Public Health Emergency and Disaster Management (PHEDM) at the national level to ensure preparedness for crises.

Dr Pradeep Khasnobis

DDG DM Cell, MoHFW, GoI



Dr Pradeep Khasnobis serves as the Deputy Director General (DM Cell), the Ministry of Health and Family Welfare (MoHFW). With over 15 years of experience in public health, he has made significant contributions to the development and implementation of health policies and programmes in India. Dr Khasnobis is known for his expertise in public health, his strategic vision, and his commitment to improving health outcomes across the nation.

Dr Pradeep Khasnobis provided insights into the all-hazard training courses developed by MoHFW. Furthermore, he stressed on the necessity of integrating health components into all disaster management training programmes. He focused the significance of preparedness in supply chain management, recognizing its crucial role in ensuring effective response during emergencies. Additionally, he suggested re-evaluating procurement rules to better facilitate the acquisition of essential resources during emergencies.

Key Takeaways



- Enhance preparedness in supply chain management to ensure effective emergency response.
- Re-evaluating and updating procurement rules to facilitate the swift acquisition of essential resources during emergencies.

Dr Saurabh Dalal

NPO, WHO India



Dr Saurabh Dalal is a National Professional Officer in emergency, risk & crisis management, World Health Organisation. He is a dedicated public health professional with a proven track record in the field of health and disaster management. Prior to WHO, he served as a Consultant in Medical Preparedness and Biological Disasters at the National Disaster Management Authority. He has over 14 years of experience in public health emergency and disaster management.

Dr Saurabh Dalal conveyed the importance of making capacity-building initiatives more interactive and demand-generative. He highlighted the need to move beyond traditional training methods and adopt approaches that actively engage participants and stimulate their interest and involvement.

Key Takeaways



- Promote effective communication strategies that prioritize truthfulness, trustworthiness, and a scientific approach to foster public understanding and cooperation.
- Emphasized the importance of conventional training methods and adopting strategies that actively engage participants and spark their interest and involvement.

Dr Himanshu Bhushan

Former Advisor, NHSRC, GoI



Dr Himanshu Bhushan has rich and diverse experience both as a clinician and public health expert, wherein in the past he served as a clinician in the remote areas of India, and then in the Ministry of Health, Government of India. He was also instrumental in many other policy decisions like, permitting ANMs, staff nurses to prescribe and give drugs and injectables, universal supplementation of calcium and deworming during pregnancy, screening and management for GDM, hypothyroidism, making care during pregnancy and childbirth a free entitlement and many more are due to his initiative and efforts. He was instrumental in developing and implementation of Nursing Road Map for the country.

Dr Himanshu Bhushan stressed the importance of fortifying strategies during peacetime to enhance preparedness for impending emergencies. He proposed the establishment of committees at the apex level under the Union Health Secretary's purview to spearhead the implementation of PHEDM. He stressed the importance of fortifying strategies during peacetime to enhance preparedness for impending emergencies. Further, he echoed the significance of legal support, advocating for measures like the Public Health Act to provide a solid legal framework for effective response and management of public health emergencies. He informed that at primary and secondary level, GoI has already launched guidelines for care during emergency and disaster. A State like Bihar has already initiated training from medical college to PHC level. Such platforms can be utilized for PHEDM training also, to avoid duplication and optimal utilization of the resources, since the targeted health personnel will remain the same.

Key Takeaways



- Emphasized the importance of reinforcing preparedness strategies during peace time to better handle future emergencies.
- Establishment of committees at the apex level under the Union Health Secretary's purview to spearhead the implementation of PHEDM.

Dr Maneesh Singhal

Prof. and Head, Burn and Plastic Surgery, AIIMS New Delhi



Dr Maneesh Singhal is the Professor and Head of the Department of Plastic, Reconstructive & Burns Surgery at the All India Institute of Medical Sciences (AIIMS), India. Renowned for his expertise and leadership in the field, Dr Singhal has made significant contributions to advanced surgical techniques and patient care in plastic, reconstructive, and burn surgeries.

Dr Maneesh Singhal recommended publishing the minutes of the summit as a valuable document for guiding future discussions and initiatives. His suggestions highlighted the importance of documenting key decisions, discussions, and action items from the meeting to provide clarity, transparency, and a reference point for stakeholders. By making the minutes available, valuable insights and recommendations can be disseminated widely, ensuring that the outcomes of the summit contribute to ongoing efforts in the field of public health and disaster management.

Key Takeaways



- Emphasized the importance of recording key decisions, discussions, and action items to ensure clarity and transparency for all stakeholders.
- Documenting the summit's outcomes would support ongoing efforts in public health and disaster management by serving as a reference point for future initiatives.

Prof. (Dr) Vinod K. Paul

Member NITI Aayog, GoI



Prof. (Dr) Vinod K. Paul is a Member of the National Institution for Transforming India (NITI) Aayog, since August 2017, where he leads the Health, Nutrition and Education verticals. He has played a pivotal role in formulating the Ayushman Bharat-PMJAY, the Ayushman Arogya Mandir scheme and POSHAN Abhiyaan. Prof. Paul served as the faculty of the Department of Paediatrics, All India Institute of Medical Sciences, New Delhi, from 1985 to 2020, and was Head of the Department for nearly a decade. He is a globally recognised medical scientist and a public health exponent.

Prof. (Dr) Vinod K. Paul expressed gratitude to all dignitaries for their valuable and inspiring feedback during the summit. He emphasized the complex connection between disasters and public health emergencies, asserting that all disasters inherently entail public health emergencies either simultaneously or as subsequent consequences. He mentioned that there are structures at the apex level to address large scale disasters and unforeseen situations but for the COVID-19 pandemic, coordination and stewardship happened at least at four levels. First, Whole of Government and Whole of Society, where the Hon'ble Prime Minister frequently talked to Governors, Chief Ministers and Administrators of the States and Union Territories and community engagement was prioritized through public engagements. Further, a group of inter-ministerial leaders led by the Health Minister was constituted. In another level, there was a mechanism at the cabinet secretariat where administrative layer of the entire country was connected. Moreover, 11 Empowered groups of inter-ministerial stakeholders were created. He said that all these initiatives together helped that nation to confront the challenges of the COVID-19.

Prof. Paul highlighted that certain disasters and several public health emergencies may involve unknown unknowns. Therefore, establishing connections with the scientific community and ensuring preparedness in the scientific domain is crucial. He endorsed that community grounding of the efforts should make use of the vast network of Health and Wellness Centers. He emphasized upon the significance of bridging the gap between healthcare and the scientific community, proposing the incorporation of a scientific layer to enhance decision-making processes. Aligning with Mrs Preeti Sudan's perspective, Dr Paul stressed the promotion of data sharing for informed decision-making, with a particular focus on ensuring data security. Turning attention to healthcare infrastructure, he underlined the imperative of resilient health systems, expressing strong opposition to the acceptance of hospital fires. He emphasized the need to maintain stringent standards and leverage recent technological advancements.

Prof. Paul urged that the science of Public Health Emergency and Disaster Management (PHEDM) should be developed. In line with this, he suggested the establishment of academic institutes and

Centers of Excellence specifically dedicated to PHEDM. He provided insights on “Project BHISHM”- Bharat Health Initiative for Sahyog, Hita and Maitri (mobile hospital), is tailored to treat up to 200 casualties. He emphasized the critical role of effective communication, advocating for truthfulness, trustworthiness, and a scientific approach. He also put forth the idea of incorporating emergency medicine departments in all medical colleges, highlighting the need for a comprehensive approach to medical education that aligns with the demands of emergencies and disasters.

Prof. Paul highlighted the need for robust prediction modelling public health emergencies. He underscored the fact that if we sweat more in peace, we bleed less in war. He urged to raise the bar of preparedness such that in confrontation of next pandemic size of disasters, we should be prepared to deliver a vaccine in 100 days, treatment in 60 days and diagnostics in less than 30 days. He underscored the urgency of reducing response times by increasing the number of ambulances and striving to bring it below the critical threshold of 9 minutes. In addition, he stressed the importance of enhancing the capabilities of the fire brigade, recognizing their vital role in disaster management. He advocated for empowering district health teams, emphasizing the need for greater authority to ensure effective local responses. Furthermore, he exhorted continuous exploration of technological solutions to address challenges in PHEDM, demonstrating a forward-thinking approach to leverage innovation for improved outcomes in emergencies.

Key Takeaways



- Foster collaboration with the scientific and academic community to bolster preparedness and expertise in scientific domains relevant to PHEDM.
- Incorporation of emergency medicine departments in all medical colleges for a comprehensive approach to medical education aligned with the demands of emergencies.
- Advocate for empowering district health teams with greater authority to ensure effective local responses.
- Need for robust prediction modelling in public health emergencies.
- Develop the science of Public Health Emergency and Disaster Management (PHEDM).

Dr Rajeev Sharma

Public Health Specialist and Lead- Emergency Management, DGHP, CDC - India



Dr Rajeev Sharma is an Public Health Specialist and Lead-Emergency Management with MBBS, MPH, DNB in Field Epidemiology.

He works with the U.S. Centers for Disease Control and Prevention (CDC), India, where he leads Emergency Management Programme and provides technical support to various multi-layered, multi-organizations departments/institutions under the Government of India (GoI).

He has over 20 years of public health and emergency management experience including a decade in CDC. During his career, he supported various health emergencies at local, state, national and international levels. Dr Sharma was also part of CDC's Ebola Response to Liberia, West Africa in 2015, where he supported Emergency Operations and setting up of a surveillance system.

Dr Rajeev Sharma presented a comprehensive summary of the summit, emphasizing the critical importance of leadership sensitization in Public Health Emergency and Disaster Management (PHEDM). He noted that the meeting was one of the highest-level tiers within the overall PHEDM Five-Tier Professional Development Programme (PDP), which has been jointly innovated and designed by NIDM, NCDC, and CDC-India. He highlighted that developing a comprehensive and coordinated approach is vital for effectively addressing public health emergencies and disasters.

One of the key outcomes of the summit was drafting a white paper and roadmap for implementing PHEDM at an apex level. This signifies a significant step towards establishing a structured framework for managing public health emergencies and disasters. To ensure successful implementation, NIDM, NCDC, and CDC-India were assigned the responsibility of prioritizing training, capacity building, and advocacy efforts for PHEDM.

Dr Sharma proposed establishing an Inter-Ministerial Group at the apex level to enhance collaboration among stakeholders and prevent redundancy in efforts. This collaborative approach would facilitate information sharing, coordination, and decision-making among relevant authorities involved in PHEDM. Furthermore, he stressed the significance of documenting best practices and lessons learned from previous events to guide future strategies in managing public health emergencies and disasters effectively.

To strengthen governance and leadership in PHEDM, Dr Sharma suggested injecting PHEDM orientation into training courses offered by Administrative Training Institutes (ATIs) such as the Lal Bahadur Shastri National Academy of Administration (LBSNAA). He mentioned that this integration would ensure that future leaders are equipped with the necessary knowledge and skills to handle public health emergencies and disasters efficiently.

Dr Sharma underscored that recognizing PHEDM as an integrated field is crucial for developing holistic strategies that address immediate health concerns during emergencies and long-term consequences on population health. He noted that by bridging the gap between Public Health

Emergency Management (PHEM) and Disaster Management (DM) through collaborative research initiatives, we can strengthen our ability to effectively manage public health emergencies within the broader framework of disaster management.

Dr Sharma emphasized that mechanisms for information exchange and collaboration with scientific communities are crucial for advancing the science of PHEDM. Establishing academic institutions dedicated to PHEDM can facilitate research initiatives while promoting effective communication strategies.

The summit also shed light on the need for developing legal frameworks and infrastructure to protect healthcare workers during public health emergencies while ensuring effective management of such situations.

In conclusion, Dr Sharma highlighted that the summit strongly advocated empowering community responder teams by combining traditional knowledge with scientific solutions. He mentioned that these teams play a critical role in responding to public health emergencies and disasters at the local level, often serving as the first line of defense in managing and mitigating the impact of emergencies. Dr Sharma exhorted that strengthening their capacity is crucial and requires providing these community responders with the necessary resources, training, and support. This includes equipping them with appropriate knowledge, skills and resources, ensuring access to up-to-date information and guidelines, and continuously enhancing their skills in emergency preparedness and response.

Dr Himanshu Chauhan

Joint Director and HoD (IDSP), NCDC, Dte.GHS, MoHFW, GoI



Dr Himanshu Chauhan is the Joint Director and HoD (IDSP), NCDC. He is a public health expert with more than 15 years of experience in diverse capacities & situations, ranging from teaching medical undergraduates & postgraduates in a medical school to leading public health response in emergencies and policy-level engagement with diverse stakeholders.

Dr Himanshu Chauhan concluded the summit by expressing gratitude to all delegates for their valuable contributions and insightful discussions throughout the event. He expressed his sincere gratitude to the Hon'ble Chair Prof. (Dr) Vinod K. Paul and other esteemed dignitaries for their enriching perspectives, which added immense value to the summit. Dr Chauhan emphasized the significance of collaborative efforts in tackling the pressing challenges of PHEDM, acknowledging that the collective wisdom shared during the summit will undoubtedly drive impactful solutions in the future. He expressed his gratitude to the entire organizing team for the successful completion of the event. He concluded by reaffirming the commitment to ensuring that no one is left behind in building a disaster-resilient India.

Way Forward

- NIDM, MHA along with NCDC, MoHFW; CDC-India and other concerned stakeholders, to prioritize training, capacity enhancement and advocacy for PHEDM.
- Necessity of seamless coordination among multiple levels of stakeholders in PHEDM.
- Training should address emerging challenges such as climate change, population concentration, and unplanned developments within the framework of PHEDM.
- Constitution of Inter-Ministerial Group at the apex level for enhancing the collaboration and coordination for PHEDM and preventing redundancy and duplication.
- Proactive efforts must be undertaken to foster community participation through the PHEDM Tier-1 initiative.
- Development of a comprehensive PHEDM manual, ensuring standardized procedures and protocols across all levels of governance.
- Creation of modules in regional languages, emphasizing the importance of advocacy at the village level and meticulous micro-planning.
- Collaborative research efforts to develop epidemiological models and facilitate cross-learning between PHEM and DM domains. Subjects like emergency medicine, disaster epidemiology or epidemiology of disasters may be introduced and encouraged, particularly in health and disaster management sectors.
- Requirement for legal frameworks, sufficient funding, and community training to adequately tackle crises.
- Need for a robust knowledge management system to facilitate learning, information sharing, and continuous improvement in disaster management practices.
- Advocated the need for specialized protocols and training to handle diverse health emergencies effectively.
- Leverage Global experience through WHO, CDC and other such international / global level organizations, in developing PHEDM tools for various tiers as well as leading to development of a draft white paper and tentative roadmap for the apex level.
- The necessity of crafting a cohesive framework or roadmap that outlines collective aspirations, milestones, and performance metrics to ensure alignment and accountability throughout the implementation process.
- Establishment of academic and scientific institutes and Centers of Excellence dedicated to Public Health Emergency and Disaster Management (PHEDM).
- Documentation of best practices and lessons learnt during the past events.
- Strategic platforms such as National Executive Committee (NEC), National Crisis Management Committee (NCMC), State Executive Committee (SEC) and State Crisis Management Committee (SCMC) etc. may consider inter-relation, inter-linkage and integration of PHEM and DM for the implementation of PHEDM.

- Advance the development of the science of PHEDM through research and innovation initiatives.
- Incorporation of orientation on PHEDM package in Training Courses of LBSNAA and collaboration with LBSNAA for strengthening governance and leadership on PHEDM.
- Engaging State Administrative Training Institutes (ATIs) for the PHEDM initiative to have a multiplier effect.
- Need for a cohesive approach to tackle public health challenges, especially in disaster preparedness and response.
- Emphasised improved coordination efforts, especially regarding Chemical, Biological, Radiological, and Nuclear (CBRN) disasters, emphasizing the integration of health considerations into all disaster management protocols.
- Ensuring effective communication and information for making well-informed decisions and ensuring coordinated actions.
- Emphasized the importance of conventional training methods and adopting strategies that actively engage participants and spark their interest and involvement.
- Foster collaboration with the scientific and academic community to bolster preparedness and expertise in scientific domains relevant to PHEDM.
- Incorporation of emergency medicine departments in all medical colleges for a comprehensive approach to medical education aligned with the demands of emergencies.
- Need for robust prediction modelling in public health emergencies.
- Develop the science of Public Health Emergency and Disaster Management (PHEDM).

List of Dignitaries

1. Prof. (Dr) Vinod K. Paul, Member NITI Aayog, Gol
2. Shri Kamal Kishore, Member & HoD, NDMA, Gol
3. Shri Rajendra Singh, PTM, ATM, Member, NDMA, Gol
4. Shri Rajendra Ratnool, IAS, ED, NIDM, MHA, Gol
5. Prof. (Dr) Atul Goel, DGHS and Director NCDC, Dte.GHS, MoHFW, Gol
6. Dr Meghna Desai, Country Director, CDC-India
7. Smt. Preeti Sudan, IAS (Retd.), Member, UPSC and Former Union Secretary (Health)
8. Shri Ajit Seth IAS (Retd.), Former Cabinet Secretary to Gol
9. Dr Muzaffar Ahmad, Former Member NDMA, Gol
10. Dr Anil Kumar, Principal Advisor (PH), NCDC, Dte.GHS, MoHFW, Gol
11. Dr Pradeep Khasnobis, DDG, DM Cell, MoHFW, Gol
12. Dr M. C. Misra, Former Director, AIIMS Delhi
13. Dr Maneesh Singhal, Prof. and Head, Burn and Plastic Surgery, AIIMS Delhi
14. Dr R. K. Srivastava, Former, DGHS, Dte.GHS, MoHFW, Gol
15. Dr Sujeet Kumar Singh, Former Director, NCDC, Dte.GHS, MoHFW, Gol
16. Dr K Madan Gopal, Advisor-Public Health Administration, NHSRC, MoHFW, Gol
17. Dr Himanshu Bhushan, Former Advisor, NHSRC, MoHFW, Gol
18. Prof. Surya Parkash, Head GMRD, NIDM, MHA, Gol
19. Dr Himanshu Chauhan, Joint Director and HoD, IDSP, NCDC, Dte.GHS, MoHFW, Gol
20. Dr Sanket V Kulkarni, Joint Director, IDSP, NCDC, Dte.GHS, MoHFW, Gol
21. Dr Shubhangi Kulsange, Deputy Director, IDSP, NCDC, Dte.GHS, MoHFW, Gol
22. Dr Anupam Talwar, IDES, Deputy Director, Lal Bahadur Shastri National Academy of Administration (LBSNAA)
23. Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India
24. Dr Rajeev Sharma, PHS and Lead- EM, DGHP, CDC-India
25. Mr William Abrams, Deputy Director, CDC-India
26. Dr Saurabh Dalal, NPO, WHO India
27. Dr George Joseph Kodickal, HEDRM Officer, WHO India
28. Dr Surabhi Sethim, Senior Consultant, NHSRC, MoHFW, Gol
29. Dr Arpita Aggarwal, Consultant, NHSRC, MoHFW, Gol

List of Support Team

1. Dr Ravinder Singh, Senior Consultant, NIDM
2. Mr Shubham Badola, Young Professional, NIDM
3. Dr Raju Thapa, Senior Technical Officer-EM, VHS-CDC Project 'NIRANTAR'
4. Mr Ajay Dogra, Senior Technical Officer-EM, VHS-CDC Project 'NIRANTAR'
5. Mr Anil Kathait, Senior Technical Officer-EM, VHS-CDC Project 'NIRANTAR'
6. Dr Harjeet Kaur, Technical Officer-EM, VHS-CDC Project "NIRANTAR"
7. Mr Sanjeev Karn, Technical Officer-IT, VHS-CDC Project 'NIRANTAR'
8. Ms Renu, Admin Assistant, VHS-CDC Project 'NIRANTAR'
9. Mr Dalveer Singh, MTS, VHS-CDC Project 'NIRANTAR'

Glimpses of High-Level Summit







































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