

High-Level Governance and Leadership Summit on Public Health Emergency and Disaster Management (PHEDM)

Organized by

Centre of Excellence on PHEDM, National Institute of Disaster Management (NIDM),
Ministry of Home Affairs (MHA), Govt. of India

and

National Centre for Disease Control (NCDC), Directorate General of Health Services
(Dte.GHS), Ministry of Health and Family Welfare (MoHFW), Govt. of India

in collaboration with

U.S. Centers for Disease Control and Prevention (CDC), Country Office India

Day & Date: Thursday, 29th February 2024

Time: 1430 - 1630hrs

Event Venue: Regency IV, The Lalit Hotel, Barakhambha, New Delhi

Summary of the Summit on PHEDM

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. Centre for Disease Control & Prevention (CDC), Country Office India, jointly organized a “High-Level Governance and Leadership Summit on Public Health Emergency and Disaster Management (PHEDM)” on Thursday, 29th February 2024 at Hotel The Lalit, New Delhi. From NIDM this work was entrusted to the Centre of Excellence on Public Health Emergency and Disaster Management (CoE PHEDM).

The Hon’ble Member, NITI Aayog, GoI, Prof (Dr) Vinod Kumar Paul presided over this high-level governance and leadership summit. The top-level authorities and leadership from the different relevant organizations / ministries / departments including Ministry of Health and Family Welfare (MoHFW), National Disaster Management Authority (NDMA), National Health Systems Resource Centre (NHSRC), All India Institute of Medical Science (AIIMS) Delhi, Lal Bahadur Shastri National Academy of Administration (LBSNAA), Union Public Service Commission (UPSC), NCDC, NIDM along with the World Health Organization (WHO) and CDC India, participated actively in the leadership dialogue at the summit and made contributions by sharing various ideas and experiences to strengthen the governance and leadership for dealing with the dire challenges of public health emergencies and disaster situations. Besides the lessons learnt from the national level, an attempt has also been made to consider the experiences from the international / global level in these areas. The list of the participants is given in the annexure.

The proceedings of this summit followed as below:

Shri Rajendra Ratnoo, IAS, Executive Director, NIDM, MHA, GoI, 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 grassroot level at the bottom to top level governance and leadership. He also provided insights on the journey of the PHEDM 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 that required its continuous refinement in response to feedback 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 upon the importance of proactive measures and preparedness in effectively mitigating such collateral damages and losses from public health emergencies and disasters.

Professor (Dr) Surya Parkash, Head (GMRD, CBRN, Industrial, Cyber Division, EOC, FMC and WCoE LDR), NIDM, MHA, GoI, presented a brief overview of the PHEDM introduction and 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 a Technical Working Group (TWG) 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 affected communities at the grassroot level (Tier 1); front line workers and Aapda Mitra 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 level. He informed that separate documents are being developed for capacity enhancement at each level to address the needs of respective mentors, trainers and trainees. He emphasized upon the importance of interlinking and interrelating common goals between Public Health Emergency Management (PHEM) and Disaster Management (DM) across different relevant sectors at all these levels.

He proposed the idea of 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, Professor (Dr.) V.K. Paul.

Professor (Dr) Atul Goel, DGHS and Director NCDC, Dte.GHS, MoHFW, GoI, extended his gratitude to all participants for their presence and active engagement in the High-Level Governance and Leadership Summit on PHEDM. He reinforced the inevitable correlation between public health emergencies and disasters, stressing that each event carries the potential to significantly impact public health, encompassing both physical as well as mental well-being. He advocated for a dual approach to preparedness, urging hope for the best and work for the worst. He emphasized the significance of extracting valuable lessons from every event, underlining that each event carries invaluable insights for improving future preparedness and response efforts. 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. He defied the notion of remembering the wrong lessons, mentioning that online teaching and learning

was a compulsion during the COVID-19 pandemic but is being considered the norm today, which is actually not correct even for an important field like medicine.

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, Tier-I, the lowest level response, needs to emanate from the community who are to be part of the PHEDM system, which the collaboration of NCDC, NIDM and CDC is actually addressing, although the ultimate guidance has to be received from Tier-V 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 Rudrapur, District Udham Singh Nagar, Uttarakhand.

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. He brought out the paramount importance of legislative frameworks, particularly highlighting the relevance of the Disaster Management Act 2005 and the Epidemic Disease Act 1897 and Ordinance 2020 during the COVID-19 pandemic. He emphasized the necessity of a robust legal infrastructure to ensure the protection and well-being of healthcare workers who play a vital role in managing public health emergencies and disasters.

Mrs Preeti Sudan, IAS (Retd.), Member, UPSC and Former Union Secretary (Health and Family Welfare), GoI, 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. Mrs. Sudan admired the efforts in the institutionalization of disaster management in the country and recounted her own experiences in managing previous disasters, which proved invaluable in navigating the challenges posed by the COVID-19 pandemic. 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. At the operational level, she highlighted the significance of the Integrated Disease Surveillance Programme (IDSP). Additionally, Mrs 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.

Shri Kamal Kishore, Member and Head of the National Disaster Management Authority (NDMA), MHA, GoI, 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.

Shri Ajit Seth, IAS (Retd.), Former Cabinet Secretary, GoI, 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) for this purpose. 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.

Shri Rajendra Singh, Member, NDMA, MHA, GoI, 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.

Dr M.C. Misra, Former Director, AIIMS New Delhi, 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.

Dr Meghna Desai, Country Director, CDC India, 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.

Dr Desai stated the significance of these groups in interrelating, interlinking and integrating resource allocation and supply mechanisms across various sectors. Furthermore, she emphasized the importance of harnessing advanced technology and advocated for the establishment of comprehensive databases or digital platforms. These platforms would serve as dynamic repositories of essential resources, facilitating efficient access and utilization during times of crisis. She highlighted that effectively navigating the complex terrain of PHEDM requires synchronized efforts across diverse sectors and stakeholders. 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.

Dr Muzaffar Ahmad, Former Member, NDMA, MHA, GoI, 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 health and disaster management strategies.

Dr Anil Kumar, Principal Advisor (PH), NCDC, Dte.GHS, MoHFW, GoI, 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. Dr Kumar emphasized the importance of documenting gaps and challenges encountered during the COVID-19 response to inform future preparedness and response efforts.

Dr Anupam Talwar IDES, Deputy Director, Lal Bahadur Shastri National Academy of Administration (LBSNAA), 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.

Dr R.K. Srivastava, Former, DGHS, MoHFW, GoI commended the merger of Public Health Emergency Management (PHEM) and Disaster Management (DM) initiatives. 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 (UHDR), 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.

Dr Sujeet Kumar Singh, Former Director, NCDC, Dte.GHS, MoHFW, GoI, 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.

Dr K Madan Gopal, Advisor, Public Health Administration, NHSRC, GoI, 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 laid emphasis on the imperative of integrating PHEDM with existing national programs 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.

Dr Pradeep Khasnobis, DDG DM Cell, MoHFW, GoI, 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 reevaluating procurement rules to better facilitate the acquisition of essential resources during emergencies.

Dr Saurav Dalal, NPO, WHO India, 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.

Dr Himanshu Bhushan, Former Advisor, NHSRC, GoI, 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. 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.

Dr Maneesh Singhal, Prof. and Head, Burn and Plastic Surgery, AIIMS New Delhi, 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.

Prof (Dr) V K Paul, Honourable Member NITI Aayog, GoI, 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 also the 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 mechanism at 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 Dr Priti 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 Bhishma (mobile hospital), a joint venture of the Ministry of Health and the Ministry of Defence to provide medical assistance and urged thinking of more such innovations. 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 based for predicting and modelling the 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 diagnostic 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.

Dr Himanshu Chauhan, Joint Director and Officer Incharge (IDSP), NCDC, Dte.GHS, MoHFW, GoI, extended a warm vote of thanks to all participants for their valuable contributions and insights during the summit. He expressed gratitude to the Hon'ble Chair and other dignitaries for the enriching discussions that took place, emphasizing the importance of collaborative efforts in addressing public health and disaster management challenges.

Key Points

- Constitution of Inter-Ministerial Group at the apex level for enhancing the collaboration and coordination for PHEDM and preventing redundancy and duplication.
- NIDM, MHA along with NCDC, MoHFW and other concerned stakeholders, to prioritize training, capacity enhancement and advocacy for PHEDM through active coordination and collaboration among all stakeholders at all levels.
- Foster the adage that investing in peace-time efforts minimizes the impact of crisis.
- Training should be inclusive of CBRN hazards as well as climate change related health risks including Heat and Cold Wave related illnesses.
- Involvement of Health and Wellness Centres in public health at the Tier-I and Tier-II levels for communities and the front line workers.
- 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.
- Documentation of best practices and lessons learnt during the past PHEDM events
- Incorporation of orientation on PHEDM package in Training Courses of LBSNAA and collaboration with LBSNAA for strengthening governance and leadership on PHEDM
- 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
- Institutionalization of research and modelling through establishment of a robust predictive and modelling framework for anticipating and mitigating public health emergencies.
- Need for legal backing / infrastructure to ensure effective management of PHE situations and to ensure the protection and well-being of healthcare workers who play a vital role in managing public health emergencies and disasters.
- Adequate funding for the implementation of PHEDM through interventions by Ministry of Finance and relevant respective Ministries
- 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 public health emergencies and disaster management for the implementation of PHEDM.

- Engaging State Administrative Training Institutes (ATIs) for the PHEDM initiative to have a multiplier effect.
- Mechanism (MOU/SOPs) of information exchange for effective decision-making and response.
- Foster collaboration with the scientific and academic community to bolster preparedness and expertise in scientific domains relevant to PHEDM.
- Advance the development of the science of PHEDM through research and innovation initiatives.
- Establishment of academic and scientific institutes and Centers of Excellence dedicated to Public Health Emergency and Disaster Management (PHEDM)
- Promote effective communication strategies that prioritize truthfulness, trustworthiness, and a scientific approach to foster public understanding and cooperation.
- Enhancing disaster epidemiology capacity for effective and timely public health interventions of consequence of disasters. Additionally, developing epidemiological modelling capacity to assess the impact of disasters.
- Firefighters are crucial for emergency management; they need to be included in PHEDM target audience at operational and tactical levels to enhance response efficiency and effectiveness.
- Incorporation of Emergency Medicine departments in all medical colleges for a comprehensive approach to medical education aligned with the demands of emergency situations.
- Advocate for empowering district health teams with greater authority to ensure effective local responses.
- Encourage the continuous exploration of technological solutions to address challenges in PHEDM.

List of Dignitaries

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

Photo Gallery



