



HEALTHY INDIA ALLIANCE
for prevention and control of NCDs

ACCESSING DIGITAL HEALTHCARE SERVICES

**During COVID-19
by People Living with
Non-Communicable Diseases:
Experiences from Punjab, India
February 2022**



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Report developed by the
**Strategic Institute for Public Health Education & Research (SIPHER) and
the Healthy India Alliance/India NCD Alliance (HIA).**

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BACKGROUND

Non-Communicable Diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.¹ Cardiovascular diseases (CVDs) (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), diabetes and mental health conditions are major NCDs.

Unhealthy diet, lack of physical activity, use of tobacco and alcohol and air pollution are major risk factors for the NCDs. NCDs kill approximately 41 million people worldwide each year contributing 71% of global deaths.² According to World Health Organization (WHO) projections, the total annual number of deaths from NCDs will increase to 55 million by 2030, if timely interventions are not undertaken for prevention and control of NCDs. In India, nearly 5.8 million die from NCDs (heart and lung diseases, stroke, cancer and diabetes)³ i.e., one in four Indians has a risk of dying from an NCD before they reach the age of 70.⁴

The COVID-19 pandemic has had an extraordinary impact on people, economies, and health services. For People Living with Non-Communicable Diseases (PLWNCDs), the impact has included disruptions in access to health services at a critical time, given their higher risk for COVID-19 as well as their need for continuous care to manage their condition. COVID-19 and NCDs are closely interconnected. Underlying chronic conditions such as CVD and diabetes are predictors for severe illness and death from COVID-19.⁵

- 30% of Punjab's population suffers from NCDs (most common hypertension followed by diabetes).⁶
- In 2016, 66% of the total disease burden were attributed to NCDs for the state of Punjab. The leading causes of disability-adjusted life years (DALYs) in 2016 were Ischaemic Heart Disease [17.1%], COPD [4.0%], Diabetes [3.9%], Stroke [2.9%].⁷

Setting the context of COVID-19:

- In 2021, Punjab found itself among eight states that made up 84% of the total cases of COVID-19 in India.
- As on 21st February 2022, 7,57,000 cases and 17,682 deaths were reported from the state of Punjab.⁸
- As of February 2022, over 70% of the population had received one dose of the COVID-19 vaccine and over 55% of the population has been fully vaccinated.

1 World Health Organization 2022. Non communicable diseases. [online] Who.int. Available at: <<https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>> [Accessed 23 February 2022].

2 World Health Organization 2022. Noncommunicable diseases: Mortality. [online] Who.int. Available at: <<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>> [Accessed 23 February 2022].

3 World health organization. Global status report on noncommunicable diseases 2014. Geneva, Switzerland: World health organization; 2014

4 Nhp.gov.in. 2022. Non-communicable Diseases | National Health Portal Of India. [online] Available at: <<https://www.nhp.gov.in/healthyliving/ncd2019>> [Accessed 23 February 2022].

5 Nishiga, M., Wang, D.W., Han, Y. et al. COVID-19 and cardiovascular disease: from basic mechanisms to clinical perspectives. Nat Rev Cardiol 17, 543–558 (2020).

6 News C, News c. 30% in Punjab have non-communicable diseases: Health department | Chandigarh News - Times of India [Internet]. The Times of India. 2022 [cited 10 March 2022]. Available from: <https://timesofindia.indiatimes.com/city/chandigarh/30-in-punjab-have-non-communicable-diseases-health-dept/articleshow/72215015.cms>

7 Punjab: Disease Burden Profile, 1990 to 2016 [Internet]. PUNJAB. Available from: https://www.healthdata.org/sites/default/files/files/Punjab_-_Disease_Burden_Profile%5B1%5D.pdf

8 MoHFW, Govt. of Indai. 2022. MoHFW | Home. [online] Available at: <<https://www.mohfw.gov.in/>> [Accessed 23 February 2022].

A study conducted by the Red Cross Punjab, during the pandemic, 50% of patients reported a worsening of their medical condition, and 17% developed a new disease. Additionally, 26% reported an impact of the pandemic on regular/long-term treatment intake. 54% of the patients felt very or completely socially isolated and reported a strong impact of the COVID-19 pandemic on their stress level and state of mind, with higher levels observed in Punjab. In addition, containment and mitigation measures for COVID-19, such as home containment, social distancing, and travel restrictions, made it difficult for PLWNCDs to access routine diagnosis and treatment services for NCDs.

Some data posits that the higher rate of mortality in most affected states can probably be explained by the level of co-morbidities existing in their population. PLWNCDs are at greater risk of becoming severely ill or dying from COVID-19.⁹ Data has shown that deaths are higher among the elderly and those with co-morbidities (one or more medical conditions) such as diabetes, hypertension, chronic obstructive pulmonary disease, cancer and heart disease co-occurring with COVID-19.¹⁰⁻¹¹ Analysis of NCD burden in states from 2016 against COVID-19 death figures shows a high and positive degree of correlation between the NCD burden of a state and the number of coronavirus deaths for every 1,000 people. In 70% of observed states, a high NCD prevalence was accompanied by high COVID-19 mortality and vice versa.¹²

The dual burden faced by those living with NCDs extends to challenges faced in managing their conditions when the country went into lockdown. According to the WHO rapid assessment survey of service delivery for NCDs, in India 30% fewer cardiac emergencies reached health facilities in rural areas in March 2020 compared to the previous year.^{3,13}

Status of National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke in Punjab

The Government of Punjab launched the National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) in 2010-11. The programme was extended to all the 23 districts of the State in 2016-17, in a phased manner. Door-to-door screening of 30 years+ population for cancer, diabetes and hypertension was undertaken in the Financial Year (FY) 2020-21. Opportunistic screening of 30 years+ population at every District Hospital, Sub-District Hospital and Community Health Centre was undertaken.

- In the FY 2020-21, more than a million individuals have been screened.
- Approximately 12.1% were diagnosed with diabetes, 15.6% with hypertension and 0.96% with cancer.
- The Government of Punjab has also implemented special initiatives for Cardiovascular Health, Coronary Care Units and IHCI- India Hypertension Control Initiative.
- Under these initiatives, 9 Stroke Ready Units have been established in 3 Government Medical colleges, 14 Coronary Care Units in 14 districts.

9 Arora M. COVID19 and beyond: Implications for people living with Non-Communicable Diseases in India. Observer Research Foundation. 3rd June 2020. Available at: <https://www.orfonline.org/expert-speak/covid19-and-beyond-69019/>

10 Gaur K, Khedar RS, Mangal K, Sharma AK, Dhamija RK, Gupta R. Macrolevel association of COVID-19 with non-communicable disease risk factors in India. *Diabetes Metab Syndr.* 2021 Jan-Feb;15(1):343-350. doi: 10.1016/j.dsx.2021.01.005. Epub 2021 Jan 20. PMID: 33503583; PMCID: PMC7817457.

11 World Health Organisation. Information note COVID-19 and NCDs, March 2020 Available at: <https://www.who.int/publications/m/item/covid-19-and-ncds>

12 Rampal N From Goa to Maharashtra, what Covid deaths say about states' non-communicable disease burden. *The Print Online Edition.* 14th January 2022. Available at: <https://theprint.in/health/from-go-to-maharashtra-what-covid-deaths-say-about-states-non-communicable-disease-burden/802811/>

13 World Health Organisation. Rapid assessment of service delivery for NCDs during the COVID-19 pandemic. May 2020 Available at: <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>

- **IHCl is being implemented in 10 districts of Punjab.**

During the pandemic, as field activities were restricted, population-based activities were postponed. Awareness generation was conducted through mass-media and frontline workers working in the community. State NCD Cell used IEC/BCC tools like Newspapers, FM Radio etc. A letter (chitthi) was designed to convey a direct message of healthy diet and lifestyle along with the importance of regular medicine and check-ups, to all people living with hypertension and diabetes. These calendars have been distributed to Outpatient Departments, Deputy Commissioner's office and district education authorities.

The State Government put in efforts to ensure the continuity of provision of NPCDCS services as a part of Essential Health Services in the COVID-19 response plan. As per the guidelines from Ministry of Health & Family Welfare, Government of India, an advisory was issued to the districts to ensure regular supply of medicines to PLWNCDs for treatment of diabetes and hypertension. Medicines were delivered at the doorsteps of people through Accredited Social Health Activists (ASHA) to people with chronic conditions, as prescribed by medical officers.

Objective & Methodology of the Report

Given how the pandemic has exacerbated challenges faced by PLWNCDs in terms of accessing care and also increasing risk of severe morbidity or mortality, this report aims to document work on community involvement and barriers for accessing health services, especially for PLWNCDs during COVID-19, in Punjab.

A two-pronged approach was taken including **stakeholder dialogues** and a **multi-stakeholder virtual consultation**.

1. **Four stakeholder dialogues** were conducted to understand the current landscape of community-based monitoring and planning action. Diverse perspectives were sought from a government health department representative, two local civil society organisation representatives and a person living with NCDs.
2. **A multi-stakeholder virtual consultation** was held to provide a platform to PLWNCDs and CSO partners to engage with policy makers and the medical fraternity, on (1) community action for health that was centered around access to quality healthcare services and treatment during COVID-19 and, (2) the digital divide in accessing telemedicine services during the pandemic.

This state-level report provides an overview of activities at the sub-national level and derives learnings from Punjab that maybe built into a broader context and agenda-setting on how to actually meaningfully involve PLWNCDs in healthcare policies, programmes and decision making. This is especially relevant in the context of the pandemic wherein self-management of conditions was prioritised, essentially making PLWNCDs an informal part of the health workforce. It is necessary to put forth lessons learned as to how emergency strategies may be incorporated into routine practice and how people can be meaningfully involved.

Outcomes

The outcomes of both the stakeholder dialogues and virtual consultation have been presented under four broad themes.

1. Access and Provision of healthcare for NCDs and beyond during COVID-19
2. Challenges and opportunities in harnessing telemedicine services
3. Role of CSOs in enhancing meaningful involvement of People Living with Non- Communicable Diseases
4. Community Participation, Monitoring and Planning

Theme-wises outcomes:

1. Access and Provision of healthcare for NCDs and beyond during COVID-19

Access

- Lockdown or limited mobility disrupted the health services in Punjab. Most hospitals had OPDs closed and focus was on providing COVID-19 essential services. Screening of patients got disturbed given that most staff was working for managing COVID-19.

"The CHOs were not able to sit in their Health and Wellness Clinics and they were more into the COVID vaccination programme because it was a priority to vaccinate most of the population for both the doses and now the concern is for the booster dose also" Govt. Representative

- Video calling provided access to doctors during the pandemic. A care-giver who also has a NCD, mentioned issues in accessing diagnostic services and medication provision. The respondents opined that telemedicine provided easy access to a doctor.
- It was felt that a focus is needed on increasing awareness regarding self-management by PLWNCDs as there was a panic situation after the lockdown, regarding their treatment services.

"For me to get the diagnostic person at home was a big challenge and it was a very scary situation, and we know very little about COVID and mostly all the diagnostic centres were closed." PLWNCD

- Initially PLWNCDs had little knowledge about the how the virus can affect their existing conditions. A person who has an NCD herself and is also a care-giver for her family member mentioned about how she had to travel long distances to different medicine stores to procure medicines during the lockdown.

"The issue is for the people who don't know about it (the impact of COVID on NCDs) and then they won't be able to manage the same" PLWNCD

- CSOs opined that NCD clinics need to be strengthened in terms of infrastructure, drugs, equipment and human resource. Presently in community health centres, medicines are being made available on a regular basis.

Provision

- Initiatives of Government of Punjab to focus on People Living with NCDs during the pandemic:
- PLWNCDs were provided medication at their doorstep to prevent them from leaving their homes due to vulnerability to COVID-19 infection.

"We sent instructions to the district headquarters that all the ANMs and the ASHAs who were in the field they should line-list these patients under their population and provide anti-hypertensive drugs and anti-diabetic drugs at their doorstep. This exercise was done at the beginning of the pandemic." Govt. Representative

- The medical fraternity organised awareness activities to enhance awareness amongst both people with chronic conditions and physicians, towards government healthcare initiatives.

2. Challenges and opportunities in harnessing telemedicine services

Challenges

- Government officials highlighted unawareness of the general population regarding telemedicine. It presents a two-way challenge where the individuals in the community and mostly the vulnerable population were unable to take advantage of telemedicine or to some extent, the government and the healthcare providers were unable to reach the community and motivate them regarding telemedicine services.
- PLWNCDs highlighted lack of knowledge regarding tele-consultation although, when actually used, it proved to be beneficial.

Opportunities

- The Health Department of the Government of Punjab initiated telemedicine services which covered most of the districts. Community Health Workers (CHOs) in Health and Wellness Centres were getting tele-prescriptions from medical officers located at hubs for all people with chronic conditions, especially those living with NCDs.

SIPHER ran a tele-helpline in collaboration with Punjab Red Cross Society, with 35 subject experts. They also supported National Health Mission Punjab by providing Wi-Fi dongles to Community Health CHOs at Health and Wellness Centres, to strengthen the internet facilities which led to increase in number telemedicine consultations.

"The only thing is that they just have to call and the CHOs will connect to the (Telemedicine) Hub and the e- prescription and the medicine is given. As you know for NCDs like hypertension and diabetes you need regular supply of medicines. So that was made available." CSO

- According to all stakeholders, telemedicine services played an important role in the consultation of people with NCDs who could not avail the in-person medical services or were living in the remote regions. When physical consultations were restricted, telemedicine was the only mode of safe contact between the PLWNCDs and the doctors.

"Telemedicine is the need of hour. We can always use telemedicine for people who are already diagnosed, hypertension, for example, and if by chance he has a small issue, the healthcare worker like CHO can be accessed through a telemedicine portal." CSO

- Online consultation with doctors helped in care of people who had diabetes, hypertension and other illnesses. The impact of the pandemic was mostly seen on NCDs which needed follow ups and examinations at regular intervals.

"It is very important for us that we take this telemedicine to the grassroots level. We take it to the community to make them understand that this is going to be a very important mode of communication between the doctors and the patients" Govt. Representative

- There is an urgent requirement for the Government to make the community understand that this mode of communication is important to connect with healthcare providers from remotest corner of the world, in a scenario when in-person visits are not possible or when regular monitoring and managed virtually.

"Tele consultation through WhatsApp and pictures is what I experimented on myself, and this is an easy way of contacting doctors for my conditions." PLWNCD

- As suggested by a PLWNCD champion, doctors should spread awareness among the people who consult them, regarding telemedicine. As the doctors already have data regarding their patients' conditions, telemedicine consultations can be useful for people living with chronic NCDs.

"We used COVID as an opportunity to provide care to Non-Communicable Disease patients using tele-consultation." CSO

3. Role of CSOs in enhancing meaningful involvement of People Living with Non-Communicable Diseases

- CSOs were involved in lot of NCD-related awareness activities during the pandemic. They were instrumental in highlighting the importance of telemedicine. Case studies were built regarding the pandemic and various strategies and techniques to deal with it, to empower medical students on how to deal with the pandemic and future public health and other emergencies.
- CSOs opined that much needs to be done as far as easy accessibility and easy/regular availability of medicines is concerned. Involvement of CSOs for capacity building of CHOs and PLWNCDs is important towards NCD prevention and risk mitigation.

"We have been able to connect to the CHOs and the ANMs through webinars for capacity building as physical meeting was difficult." CSO

- The CSO perspective on meaningful involvement was that this approach should not just be confined to civil society organisations but should be a collaborative effort of the Government, healthcare professionals, frontline health workers and CSOs. CSOs opined that involving them and people most affected and at risk of NCDs, is fundamental to effective health responses.
- To tap into the rich expertise and diversity of PLWNCDs requires identifying and consolidating their individual and collective strength, capacity building to harness their expertise for more meaningful involvement.
- Inclusivity of PLWNCDs should become a part of organisational culture of multiple stakeholders, including the Government.
- Government representatives highlighted need for increased civil society participation as a bridge for people as they are the main focus of government programmes. Their involvement would enhance multi-stakeholder efforts towards meaningful involvement.

"Civil society has to be there as they connect in a better way with the society and have good communication with ground beneficiaries like people who are suffering from NCDs." CSO

4. Community Participation, Monitoring and Planning

- CSOs opined that the lockdown in the first wave of the COVID-19 pandemic and subsequent restrictions led to deficiencies in accessing routine healthcare services, and derailed regular monitoring and management of all NCDs. With the creation of Health and Wellness Centers, involvement of Young Persons, PLWNCDs, Self Help Groups, Women and CSOs improved the management of NCDs during COVID-19. The proximity of these Centres to residential areas and the availability of and CHOs were reported as positive components.

"For successful interventions, we need all the rural panchayats, rural development departments, self help groups, health nutrition committees, health and sanitation committees in the villages where the ANMs are a part and the local people." Govt Representative

Recommendations for the Way Forward

"NCDs are not going anywhere. NCDs are going to stay here. They will only keep getting worse unless we act now."

Based on the key stakeholder interactions and the virtual consultation the following action areas were highlighted for future work on making the health system more people-centric:

- Capacity Building of PLWNCDs to support them in becoming strong advocates for the NCD agenda, communicate effectively and collaborate to strengthen their involvement in NCD mitigation programmes and policies, under the umbrella of Universal Health Coverage (UHC).
- Constitution of a state-level multi-sectoral working group comprising of PLWNCDs, government representatives, medical professionals, academia and CSOs, to harness partnerships towards NCD mitigation. The working group can work in synergy with the Government to facilitate programme roll outs, NCD prevention strategies, health promotion activities and drafting of guidelines and an action plan enhanced community participation.
- Development of state-level guidelines for meaningful involvement of PLWNCDs and CSOs for NCD prevention which can work towards a 'whole-of-society' response as detailed in the National Multisectoral Action Plan for NCD Prevention and Control (NMAP).
- Expansion of telemedicine coverage and outreach to a wider population, harnessing technology as an integral part of current and future health system strengthening.
- Promoting digital literacy and providing support for self-management of NCDs, for ensuring that the disruption of healthcare services is minimised during future public health emergencies.
- Prioritising meaningful involvement of CSOs towards strengthening of telemedicine services; capacity building of CHOs and fostering a people-centric health system.
- Adaptation of learnings from other health areas (HIV-AIDS, Tuberculosis, Polio etc.) to advance community mobilisation for NCD prevention and control.

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Annexure I- Agenda: Virtual Consultation on access to quality healthcare and telemedicine services during COVID-19 in Punjab (14th February 2022)

 <h1>Virtual Consultation on Access to Quality Healthcare and Telemedicine Services during COVID-19 in Punjab</h1> 		
Date: 14th February 2022 (Monday)		Time: 2:30 pm to 4:15 pm
Agenda		
Time	Particulars	Resource Person
Inaugural Session Host: Mr. Arun Verma, Director, Finance & Operations, SIPHER, Chandigarh		
02:30 PM - 02:32 PM	Welcome Address	Mr. Arun Verma, Director, Finance & Operations, SIPHER, Chandigarh
02:32 PM - 02:35 PM	Opening Remarks	Dr Rakesh Gupta, President, SIPHER, Chandigarh
02:35 PM-02:45 PM	Prioritising meaningful involving of PLWNCDs- the Healthy India Alliance (HIA) experience	Ms Radhika Shrivastav, Healthy India Alliance & Senior Director, HRIDAY
02:45 PM- 03:00 PM	Challenges and opportunities in harnessing telemedicine services during Covid-19 in the state of Punjab	Dr. G.B Singh, Director DHS, Punjab
Technical Session Moderator: Dr. Shikha Bhasin, Healthy India Alliance & HRIDAY		
03:00 PM - 03:05 PM	Context Setting- How has Covid-19 impacted NCD prevention and care in Punjab	Dr Sandeep Gill, SPO NPCDCS, Punjab
03:05 PM - 03:10 PM	Experience of accessing healthcare & self-management of NCDs during Covid-19	Mr. Atul Gupta Healthy India Alliance & PLWNCD Champion Mohali
03:10 PM - 03:15 PM	Experience of accessing healthcare & self-management of NCDs during Covid-19	Mrs Seema Bali Healthy India Alliance & PLWNCD champion
03:15 PM - 03:30 PM	Lessons learnt from virtual and in – person health Care provision for NCDs during Covid-19	Prof. Dr. Sonu Goyal, DCM, SOPH, PGI, Chandigarh Dr. SK Mathur, Endocrinologist, Chandigarh Dr. Anand Gupta, Oral Oncosurgeon GMCH
03:30PM - 03:35 PM	How has Covid-19 impacted NCD prevention and care in Punjab	Dr Shaina, Red Cross Society, Punjab
03:35 PM - 03:45 PM	Role of CSOs in enhancing meaningful engagement of PLWNCDs	Miss Opinder Preet Kaur, Director Programs, GSA, Mohali Mr Ajaib Singh, President, SDRF, Kharar Mohali
03:45 PM onwards	Beyond covid-19: Multistakeholder action on NCD control & treatment (PLWNCDs, government, CSOs, medical fraternity)	Open Discussion
	Vote of thanks	Dr. Mahendra Singh, SIPHER, Chandigarh

Annexure 2: Photographs from web consultation



Dr G.B Singh
Director Health Services,
Government of Punjab



Dr Sandeep Gill
State Programme Officer National Programme
for Prevention and Control of Cancer, Diabetes,
Cardiovascular diseases and Stroke,
Government of Punjab



Dr Rakesh Gupta
President, SIPHER, Chandigarh



Ms Radhika Shrivastav
(HIA representative &
Senior Director, HRIDAY)



07th December 2020, Monday

Virtual meeting cum orientation workshop of state and district level designated officers (DOs) of FDA/licensing authority, food safety officers (FSOs) and vanaspati producers/manufacturers for sensitization and implementation of <5% trans-fat regulation in oils/fats and food products

Chief Guest

Sh. Kumar Rahul, IAS
Mission Director, NHM Punjab cum
Commissioner Food and Drug
Administration, Punjab



Speakers



Dr. Poonam Khanna
Associate Professor of Nutrition
PGIMER Chandigarh



Dr. Swati Bhardwaj
Nutrition Consultant
Vital Strategies & FSSAI



Dr. Roopa Shivashankar
Senior Consultant,
Vital Strategies



Mr. Ranjit Singh
Attorney at Law in the
Supreme Court of India

Organizers



Prof. Dr. Sonu Goel
Department of Community Medicine
and School of Public Health, PGIMER
Chandigarh



Dr. Om Prakash Bera
Country Coordinator,
Global Health Advocacy Incubator
(GHAUSA)




Dr. Rakesh Gupta
President
Strategic Institute for Public Health
Education and Research
(SIPHER)



Global Health
Advocacy Incubator





WORLD HEART DAY CELEBRATIONS


29th September, 2020 (1200 Hours IST to 1330 Hours IST)

Webinar On


Hypertension and Cardiovascular Complications: Prevention and Management




Dr. Sandeep Singh, M.D.
State Programme Officer,
NPCDCS, Punjab




Dr. Amarjeet Singh,
Professor and Head,
Dept. of Community Medicine
and School of Public Health,
PGIMER, Chandigarh




Dr. Om Prakash Bera
Country Coordinator,
Global Health Advocacy
Incubator (GHAUSA)




Dr. S.S. Sohi
Sr. Consultant
and President, Indian Medical
Association, Mohali (Pb.)



Dr. Ashok Bhatia
Professor, Department of
Internal Medicine, PGIMER,
Chandigarh




Dr. Subhas Bhatia
Professor and Officer-in-charge
Head, Dept. of Cardiology,
GMC-32, Chandigarh



Dr. T.P. Singh
Sr. Cardiologist,
Max Hospital, Mohali (Pb.)




Dr. Sonu Goel,
Professor,
Dept. of Community Medicine
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PGIMER, Chandigarh



Dr. Rakesh Gupta
President and Director of
Public Health,
Strategic Institute for Public
Health Education and
Research (SIPHER)



Global Health
Advocacy Incubator



**National Consultation on "Activating Eye Banking post COVID Pandemic"- on the occasion of
Eye Donation Fortnight (EDF) 2021
on 25th August 3.00 PM to 4.30 PM (15.00 -16.30 Hours)**

Chief Guest



**Padma Shri
Dr. Vikas Mahatme**

Guests of Honour



**Padma Shri
Prof. Dr. Jagat Ram**



Dr. Radhika Tandon



Sh. Kumar Rahul IAS

Panellists



Dr. Ashok Sharma



Prof. Dr. Shaveen Singh



Dr. Jagdeep Singh Basir



Dr. Rana Singh



Dr. Ramesh Kumar



Prof. Dr. Amit Gupta



Prof. Dr. Karamjit Singh



Dr. Rohit Gupta

Organizers



Mr. Arun Verma
Director Operations & Finance,
SIPHER



Dr. Rakesh Gupta
President & Director of
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Dr. Sonu Goel
Professor,
DCM-SPH, PGIMER



Organizer: Strategic Institute for Public Health Education and Research (SIPHER)
**Collaborators: Department of Community Medicine and School of Public Health, PGIMER, Chandigarh,
NPCBVI Punjab, Haryana & UT Chandigarh**

