



INDIAN PUBLIC HEALTH ASSOCIATION

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IPHA Newsletter

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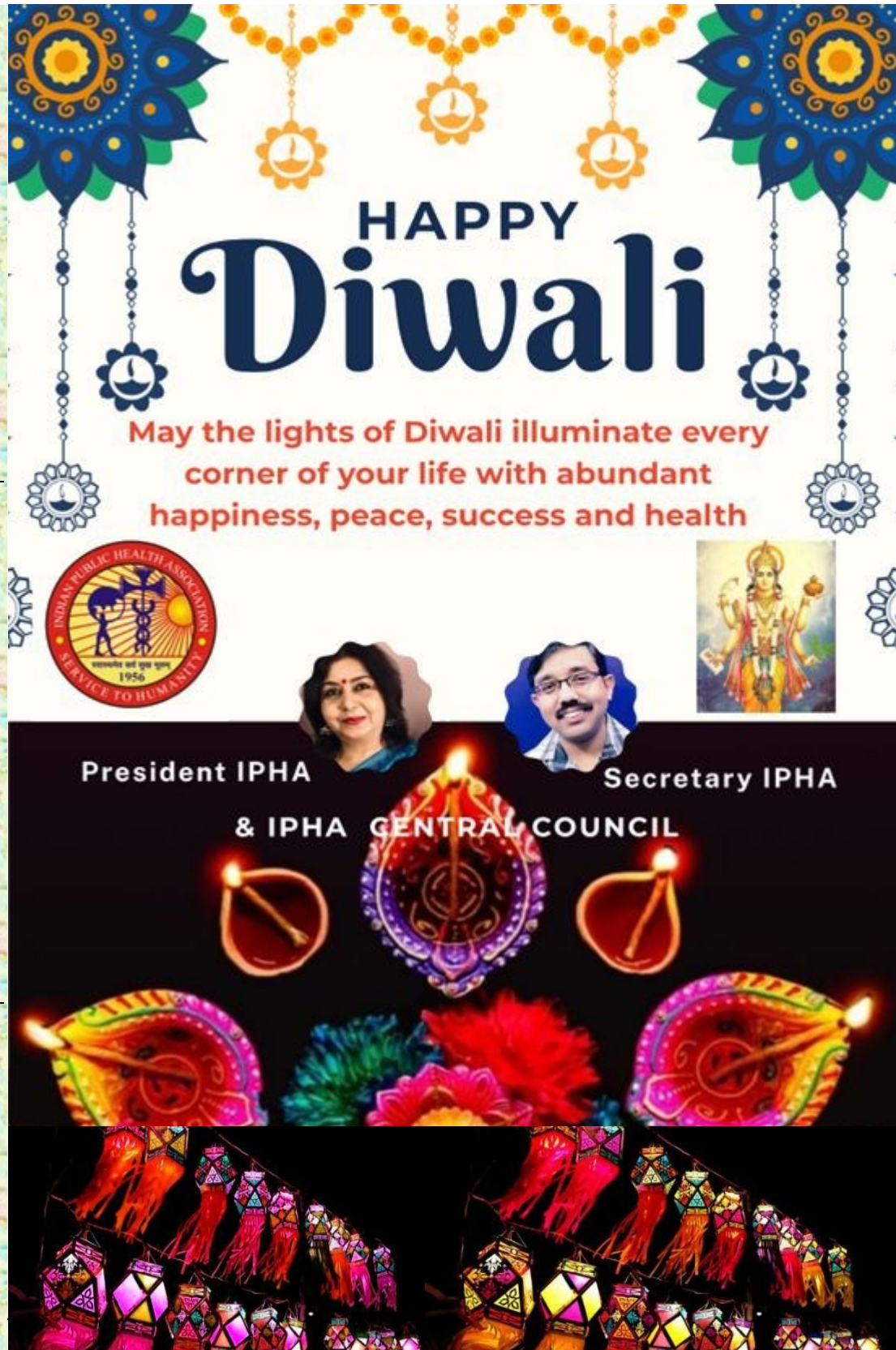
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SMART Guidelines

The SMART guidelines developed by the World Health Organization (WHO), are a set of standards designed to help countries integrate public health guidance into digital systems by making the guidelines-

- ✚ Standards-based
- ✚ Machine-readable
- ✚ Adaptive
- ✚ Requirements-based
- ✚ Testable

Purpose:

The guidelines are a framework to help translate evidence-based recommendations into digital formats, ensuring accuracy and accelerating their implementation in digital health systems.

Components:

The SMART guidelines include Digital Adaptation Kits (DAKs), which are standardized tools that contain core data elements, workflows, and decision logic derived from WHO guidelines.

Goal:

The ultimate goal is to ensure that clinical and public health practices are accurately reflected in digital systems worldwide, even if a country is not yet fully digital.

SMART Guidelines are a comprehensive set of reusable digital health components (e.g., interoperability standards, code

libraries, algorithms, technical and operational specifications) that transform the guideline adaptation and implementation process to preserve fidelity and accelerate uptake. SMART Guidelines provide a five-step pathway to advance the adoption of best clinical and data practices.

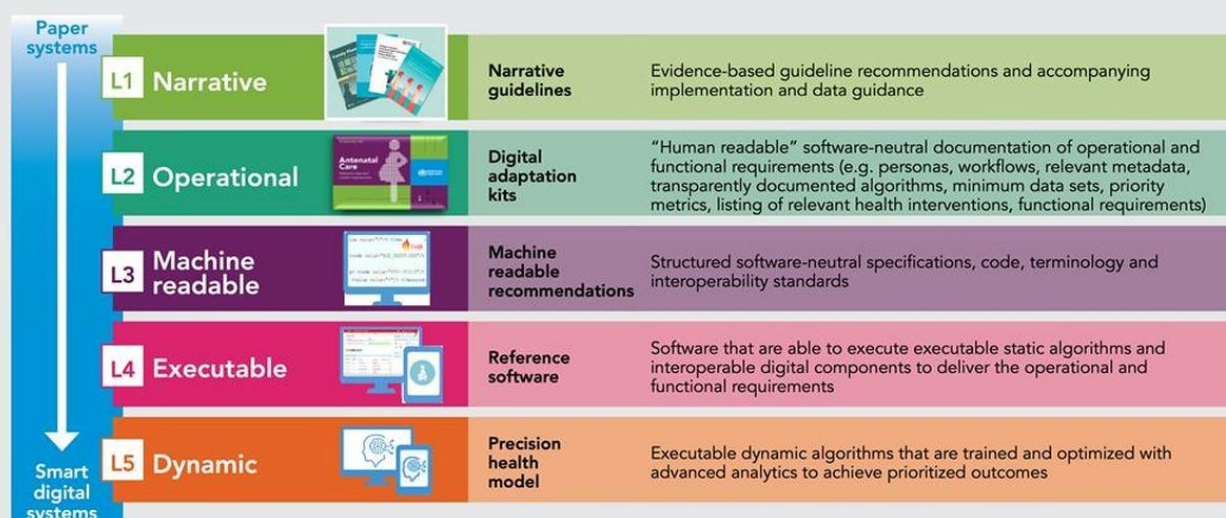
The five SMART guidelines layers comprise documentation, procedures, and digital health components to steer guideline localization and implementation through digital systems. They inform – **Guideline developers** on how to translate recommendations into specifications and standards; **Technologists** on how to integrate recommendations into updatable digital systems; and **Countries** on how to localize, make interoperable, institutionalize, and update digital systems consistent with evidence-based recommendations. SMART Guidelines content is — by design — software-neutral, formulated for adaptation into whichever software platforms a country has elected to use, within an exchanged digital health enterprise architecture.

WHO SMART Guidelines are available for antenatal care, HIV, family planning, TB, Child health in humanitarian emergencies, immunizations, birth defects surveillance, self-monitoring of blood pressure during pregnancy and postnatal care.

[Source: WHO Website]

- Dr. Prasad Waingankar

Progressive layers across SMART Guideline components



The World Breast Feeding Week (1st – 7th August)

1st August

The Department of Community Medicine, Jagannath Gupta Institute of Medical Sciences & Hospital (JIMSH), in collaboration with the **Indian Public Health Association (IPHA)**, observed World Breastfeeding Week on 1st August 2025. The event aimed to raise awareness and sensitize medical students and faculty to the importance of breastfeeding as a foundational public health intervention. The event aligned with this year's theme and highlighted the importance of investing in breastfeeding as an investment in public health.

The event included a welcome address by Prof. Dr. Baijayanti Baur, a keynote address on **"Breastfeeding: A Public Health Priority"** by Prof. Dr. Joydeep Das, a guest lecture by Prof. Dr. Sudip Kumar Saha, a skit/role play by MBBS students, a breastfeeding awareness quiz, and a vote of thanks by Dr. Archi Chandra.



The event witnessed participation from over 150 attendees, including undergraduate (MBBS) and postgraduate students, nursing staff, and faculty members



from various departments. The active engagement of students through role play and quiz added vibrancy and made the session highly interactive and educational.

1st August

Indian Public Health Association Headquarters and **College of Nursing, R.G. Kar Medical College, Kolkata** jointly organized a seminar entitled **"Enforcing the International Code of Marketing of Breast Milk Substitutes"** as part of the World Breastfeeding Week 2025 observance. Over 130 participants, including faculty and students of Nursing, as well as faculty and postgraduates of Community Medicine, attended the event.



The seminar began with an introductory speech by Ms. Pranati Pal,

Principal of the College of Nursing. Dr. Prof. Mandira Dasgupta, Professor of Gynecology & Obstetrics, delivered a valuable speech on "Support for Breastfeeding Initiation after Cesarean Section: Evidence and Practice". Dr. Mousumi Datta, Assistant Professor of Community Medicine, highlighted "The International Code of Marketing of Breast Milk Substitutes: An Overview." Faculty members from the College of Nursing also emphasized key facts about breastfeeding and breast milk substitutes.



Dr. Sanghamitra Ghosh, President, IPHA, delivered a speech focusing on current scenarios in government workplaces, particularly in hospitals and medical sectors. She emphasized the need for dedicated lactation rooms, flexible schedules for new mothers, milk expression and storage support, and normalization of breastfeeding in healthcare settings.



The event was also graced by Dr. Kaushik Mitra, Secretary General of IPHA, and Dr. Surajit Ghosh, President of IPHA's West Bengal state branch, who shared their insights.



5th August

IPHA West Bengal State Branch observed World Breastfeeding Week 2025 along with **IPHA Headquarters** in collaboration with the **College of Nursing, Medical College and Hospital, Kolkata**, scheduled on 5th August 2025 from 2 pm to 4 pm at the auditorium of the College of Nursing. The event focused on this year's theme, "Invest in breastfeeding, invest in future".



Dr. Surajit Ghosh, State President, gave his welcome address followed by inaugural speeches by Dr. Sanghamitra Ghosh, President, IPHA HQ, Prof. Dr. Anjan

Adhikari, MSVP, MCK graced the programme with his valuable speech. The keynote address was given by Dr. Arup Chakraborti, Dean of Students' Affairs, MCK. He delivered his speech focusing on strengthening healthcare support for mothers in breastfeeding-friendly environments with reduced reliance on formula feeding. He emphasized promoting equality and sustainability.



A panel discussion was held on 'Breastfeeding Uncovered: Busting Myths and Embracing Reality'. The panel was moderated by Dr. Anirban Dalui, Assistant Professor, Barasat Medical College, and the panelists were Prof. Dr. Rakesh Mondal (Professor, Pediatrics, Medical College Kolkata), Dr. Shamima Yasmin (Associate Professor, Community Medicine & Gynecologist), Prof. Dr. Alpanamayi Bera (Principal, College of Nursing, MCK), Dr. Moumita Mandal (Assistant Professor, Community Medicine, IPGMER & SSKM), and Ms. Pallabi Chatterjee (Guest Lecturer, College of Nursing, MCK). The discussion aimed to dispel common myths surrounding breastfeeding and promote a deeper understanding of its benefits.



A quiz event was also arranged for the nursing students and was conducted by Dr. Shamima Yasmin and Dr. Ankush Banerjee. Prizes were distributed among the students who gave correct answers.

6th August

World Breastfeeding Week was observed by **IPHA HQ** and **BR Singh Hospital** at Seminar Room, Metro Block, BR Singh Hospital on 6th August 2025. Following guests graced the occasion and shared their valuable insights.

- ✚ Prof. Dr Kaushik Mitra, Secretary General, IPHA HQ
- ✚ Dr. Debasish Guha, Principal Chief Medical Director, Eastern Railways
- ✚ Dr Kalpana Mandal, CMS, Sealdah
- ✚ Dr. Sanjeev Chowdhury, ACMS, Health & Family welfare, Sealdah
- ✚ Dr. P. S. Mitra, ACMD, Health & Family welfare, HQ
- ✚ Dr. Parul Datta (Renowned Pediatric Nurse)
- ✚ Dr. Anirban Dalui, CC Member, IPHA HQ

A skit was played by the students of BRSH on promotion of Breastfeeding. The event was successfully coordinated and moderated by Dr Sayantan Saha (Senior DMO, In-charge, Pediatrics, BRSH) and Dr Chaitali Patra (Senior DMO, Pediatrics, BRSH).



Contributed by
Dr. Anirban Daulai, CC Member, HQ

The Dilemmas of 'New Mothers' About Breastfeeding!

Dr. Kamaxi Bhate

BPNI Member & Ex-Professor, Community Medicine, Seth G. S. Medical College & KEM Hospital Mumbai

All animals naturally breastfeed their babies, then why do human mothers face a dilemma?



One of our senior colleagues used to make fun of us and say - "Why do you have this Breastfeeding (BF) awareness week? Why do you want to waste your time in teaching mothers, what they should naturally know? These modern girls don't want to breastfeed because they don't want to spoil their figure. In villages no one teaches women, and still those mothers know how to feed and what to do!"

But this is not always true. As per NFHS-5, in our country early initiation of BF (within one hour after birth) is only 45%, exclusive BF (up to six months, only mother's milk and not even water) is 65%, and timely introduction of complementary feeding is as low as 50%. That means, late initiation of BF, less exclusive BF and too early or too late starting of complementary feeding, all three can lead to malnutrition in infants. The percentage of all these three parameters is much lower in rural India than in urban areas. So kindly do not believe that in rural areas percentage of BF is higher and mothers naturally know about breastfeeding.

Why initiation & exclusive BF rates so low?

Most of the mothers who want feed their babies, have been wanting to know more about it, or those who have queries to ask due to conflicting advice given to the new mothers. Let us see what queries women have? So, we can know why initiation & exclusive BF rate so low in India.

When to Start Breastfeeding?

As soon as possible within one hour of childbirth, baby needs to be put to the mother's breast. Baby needs to be cleaned after birth just with a dry cloth and then put the baby to mother's breast even while other

obstetric procedures are going on. Not because baby is hungry, but because the baby is very alert during this hour and to make use of two, newborn reflexes of baby for successful initiation- Rooting reflex and Suckling reflex.

Rooting reflex means any touch of finger or nipple of the breast on any part of the face or cheek of the newborn, the baby opens its mouth wide. This is the time the new mother can offer the breast to the baby. That will establish latching and Suckling. **Start as soon as possible within one hour, Use the Golden Hour!**

What is a good latching of the baby to the breast?

It is the position of baby's mouth at the breast of the mother. While baby opens its mouth wide in golden hour, most of the areola of the breast, more of the lower portion of areola can be in the mouth of the baby. Baby's lower lip turns outwards, baby's chin touching the breast, this is a good latching. This helps baby suckle the breast effectively. The baby having a good latch is able to press areola of the breast against the hard palate with the help of lower jaw and is able to draw milk in the mouth with the help of the tongue movements. This is called effective suckling. Good latching can help in effective suckling! Baby uses her tongue, lower jaw and hard palate for suckling. Good latching even helps baby in effective suckling in later life for exclusive BF.

"I can't see any milk coming out from my breast, how will my baby get satisfied?"

This is the new mother's worry. Even if mother is very motivated to breastfeed the baby and is even mentally prepared for feeding colostrum but when she sees only few drops of brownish, yellowish sticky secretions coming out of her nipples for many hours, she gets worried and thinks, 'This couldn't be enough for the newborn!' Colostrum, the thick yellowish milk mothers produce just after birth, is the ideal nourishment for a newborn full of nutrients & rich in antibodies, also baby's first vaccine.

What is the importance of Golden hour?

The first one hour after birth of the baby is called the Golden Hour. Baby is most active and awake. The newborn reflexes of the baby, the rooting reflex helps baby open the mouth wide and grasp the areola along with the nipple, if baby is put to the breast, in this first Golden Hour the baby can suckle on the areola for colostrum. If baby is not put to the breast in this hour, the newborn baby will go to sleep after one or two hours. Baby sleeps for three to four hours and when wakes up is hungry. Though the colostrum is present in the breast; since baby has not learnt effective suckling in the Golden Hour, does not get colostrum. Baby hauls with hunger, and the relatives start taunting the new mother for not having the breast milk. The relatives trouble the nursing staff ayabai and staff for mother not having milk, they quickly suggest all sorts of feeds like sugar water, honey, or tin milk.

What is Bedding In?



Keeping the baby and the mother, not only in the same room, which was called Rooming In, but keeping the baby with the mother, in her bed is called bedding in.

Is it safe to keep the newborn baby and the mother in the same bed?

Newborn baby is most safe when put in the same bed with the mother, this makes the mother stress free, as the baby is just next to her. The baby gets warmth from the mother. First 12 to 15 days after birth, the baby needs to be woken up every two hours and put to the breast, that means (10 to 12 times in 24 hours.) This is because the baby keeps sleeping in the early neonatal period even though hungry, hence first twelve days it is important to wake up the babies and put them to breast every two hours. Unwrap the babies to wake them & feed. Feed newborn more often, this will increase milk production.

If the baby is next to the mother, in the same bed, it is easy for mother to put the baby to the breast even in lying down position during the day or night. Night feeds are very important. By putting the baby in the same bed helps mother, observe the baby cues. The baby cues are movements of the lips, suckling of fingers, rolling of eyes, movements of limbs, these are some of the early signs of hunger the babies show. The very last baby cues are crying! Before the baby cries, she should be breastfed, because crying makes the baby irritable and doesn't latch well. This leads to less effective suckling, and such babies lose calories. Thus, keeping the baby in the same bed helps mother feed baby easily, the baby gets colostrum which is full of necessary nutrients, antibodies and repeated breastfeeding creates bonding between the newborn and the new mother. This in turn helps mother get lot of matured milk.

If baby is kept in the same bed as the mother, will mother roll over her baby?

Mother is most cautious about baby's safety. She can never roll over the baby. We want the new mothers to be feeding their babies every two hours, day and night. We can't expect mother to sit up and feed the baby all these hours. Feeding while lying down and can give mother good rest. While mother feeds the baby lying in the bed, and while feeding the baby turns to the mother, there is good skin to skin contact between the mother and the baby. **This increases milk production.**

Night feeds are very important as studies have shown that breastfeeding women's prolactin levels are significantly higher at night, particularly in the wee hours of the morning. Babies often want to nurse at night simply because, there is more milk at night!

Mothers are advised by relatives, nursing staff, other staff of the hospital or sometimes even by doctors to sit up and feed the baby to avoid choking in baby. If she is sitting up and feeding, it is important for mother to take a good back rest while feeding in sitting position to avoid back ache.

Will baby get choked if fed by mothers while lying down?

No, babies do not get choked while BF even if the mother is in lying down position

while feeding. This is simply because whether mother is sitting up and feeding or lying down and feeding, baby's position doesn't change, babies are in any case in transverse position, in either way while feeding. Hence mother lying down feeding the baby will not cause choking. **But conflicting advice given by health personals can cause dilemmas in the mind of mother.**

Why All Mothers Should Learn Expressing the Breastmilk?

It is important for new mothers to learn expressing the breast milks even though there is no engorgement – in case the baby is ill and can't suckle well, lot of milk gets left in the breast itself leading to engorgement of the breast.

In case of low-birth-weight babies, due to lack of effective suckling, the milk gets collected in the breast. Collected milk needs to be taken out manually to prevent engorgement of breasts. Manual removal of the milk will help continue milk production.

Expressed breastmilk can be fed to the newborn baby with the help of tiny plastic cup or glass cup. Before manually expressing the milk, mother needs to bring the milk in the breast under areola very gently. This is done by mother with the help of four fingers movements on the breast, slowly directing milk towards the milk ducts under the areola. To express milk from the breast, index finger and thumb are used in small C position to press at areola from all sides to take out the milk from the breast.

In the initial days after giving birth, many new mothers also struggle to learn how to breastfeed. Both mothers and babies need to practice breastfeeding over time. Early initiation solves half the problem, with the use of newborn reflexes baby learns latching and suckling. Effective latching and repeated suckling will help baby get required colostrum from mother's breast. Even that small quantity is enough for the baby for first three days. Uneventful initiation is the beginning of the successful exclusive breastfeeding till baby completes six months.

What is Exclusive Breastfeeding?

Feeding the baby only mother's milk not even water for the first six months is called exclusive BF. As the baby is growing,

mother feels that her milk may not be enough for the baby, because the baby may not look as chubby as seen in the picture on baby food tin or baby is passing stool once in 3-4 days or the baby is passing stool 5-6 times in a day. The mother is either been wrongly advised that she should start some top milk to prevent baby going hungry or tin food during that period. These conflicting advises add the dilemmas in mother's mind.

Is there a simple test that can be used to check if only mother's milk is enough for the baby?

Yes, watch for three parameters, this is in case of exclusively Breastfed babies only. The baby gains weight about

15 gm/day or about 450 gm / month when milk is adequate. Simplest way to remember is baby weight doubles

that of birth weight at the end of six months, triples at the end one year. Second parameter is baby passes urine at least six times in twenty-four hours. Thirdly baby passes yellow and soft stools. Passing stools once in 5-6 days or 5-6 times in a day in exclusively breast-fed six months baby, is normal.

What is demand Feeding?

Demand feeding is, feeding the baby when she demands! 15 days after birth the baby need not be woken up for feeding.

How do babies demand breastmilk?

Babies demand by showing baby cues or crying. It need not have any timetable. Making use of baby cues is beneficial.

What are the benefits of Breastfeeding?

Benefits to the baby –

Just the right amount of nutrients in the right proportions. There are over 200 components in mother's milk. It has the live cells, fat, carbohydrates, proteins, vitamins, minerals in right amount. Less fat than most other mammals, and more lactose than other mammals. Less risk of illness such as: Ear infections, pneumonia, Crohn's disease and other bowel illnesses, stomach flu and other intestinal illnesses, childhood cancers, diabetes, arthritis, allergies, asthma & eczema.

Is my milk enough? What about twin babies?



Breast milk protects a baby's gut lining from viruses and provides immune protection to the baby. Breastfed babies have been found to have less constipation or diarrhea than formula fed babies. Breast fed Babies are introduced to different flavors and tastes of food via the mother 's milk, making a child more likely to want to try these foods later in life.

Breastfeeding also gives better dental health, increased visual acuity, decreased duration and intensity of illnesses, less allergies, better health & less risk of illnesses. Further, breastfeeding is associated with an IQ increase of a child by 3 to 4 points.

Benefits to the mother –

Mother is also benefited by breastfeeding her baby. Psychological benefits to mother Skin to skin contact creates, attachment, bonding, security, fulfilment of basic needs, relationship. BF leads to easier post-delivery weight loss in mothers. BF decreases the risk of ailments in mother, prevents PPH, breast cancer, osteoporosis, ovarian cancer.

BF is convenient for mother while travelling and even at night. Breastmilk is always available. No warming or washing, sterilizing of bottles is required, no heating water or milk so, reduces lot drudgery for the mother.

Is mother's milk enough in case of Twins?

If the birth weight of both the babies is up to 2Kg. and do not require special care and treatment, the babies can be fed only on mother's milk.

The milk production from the mother's breast depends on the demand. As twin babies will suckle more the production of the milk will get stimulated. The important thing is both the babies should be fed together in football position. This will help milk production and let down reflex. Feeding both the babies together helps in letting the weaker baby also suckle well.



At the end of suckling sessions, mother need to pump the milk out with help breast pumps. so that milk production is maintained. This should be part of mothercraft clinic during antenatal period. Not only for mothers but all those relatives who are decision makers. It is important to use dolls to demonstrate the positions of the baby and the mother.

Which is the best time to teach mothers about BF?

Very early in life may be in adolescent period! While they learn about growing up, menstruation, contraception, conception, mother care and eventually breastfeeding. Any ways all this should be part of boys' training also!



What about the cleaning and washing of the breasts before feeding?

The skin of breast and areola is very delicate. Repeated washing or wiping of breast can cause dryness of skin at the areola. This can lead to cracked nipples, which becomes very painful, it interferes with feeding the baby. Cracked nipples can get infected, milk may remain stagnant in the breast leading to engorgements and breast abscess. It is not necessary to wash the breast every time before feeding, usual bath is enough.

Give Mothers Constant Support!

Successful breastfeeding procedures call for supportive surroundings and expert instruction. Mothers need support from their partners, families, healthcare professionals, employers to give their babies the best possible start in life!

This much and more information cannot be part any ANC visits and much less possible after childbirth. After the baby is born each mother and babies immediate requirement is different. There aren't mother

support groups, counselors everywhere. But for promoting early initiation, exclusive breastfeeding, continuing breastfeeding along with timely introduction of complementary feeding, new mothers should be having help and information all the time, any time of the day and night!

We the members of Mumbai Breastfeeding Promotion Committee, BPNI (Maharashtra) and Patient Education Centre of KEM Hospital created pictorial information in three languages (English, Marathi and Hindi). TCS very kindly helped us create a very mother-friendly app called '**ShishuPoshan**'.

This app can be easily downloaded free of cost from the play store. This app is helpful for not only to the new mothers, but also for nursing staff, doctors and even for the relatives.

The young parents who want the information about BF and childcare in English is available on the app and the same information is also available Hindi and Marathi for the relatives who do not understand English.

This app has become very popular amongst the Anganwadi workers to tell all ANC mothers to download it for continuous support & information. It is easy for the mothers to understand as the information is in simple language & pictorial.

**Download & Install
ShishuPoshan!**



ShishuPoshan



The Indian Public Health Association (IPHA) existing since 1956 is a professional registered body (Society Act No. S/2809 of 1957 – 58) committed to promotion and advancement of public health and allied sciences in India, protection and promotion of health of the people of the country, and promotion of co-operation and fellowship among the members of the association. IPHA has local branches in almost all states of the country. Any professional graduate, MBBS or any equivalent degree recognized by any Indian university in Indian System of Medicine / Dentistry (BDS) / Engineering (BE) / Nursing (B Sc Nursing) / Veterinary (BV Sc & AH) are eligible to be ordinary & life member of the association after paying the necessary subscription.

We, the Central Council members of IPHA sincerely appeal the eligible qualified individuals to become the life members of the organization and enhance our strength and visibility. Kindly visit National IPHA website, www.iphaonline.org to fill up the online application form and for further official procedures of payment of membership fee. If you need any help in this regard, please feel free to contact.

ALLARM Academic Meet

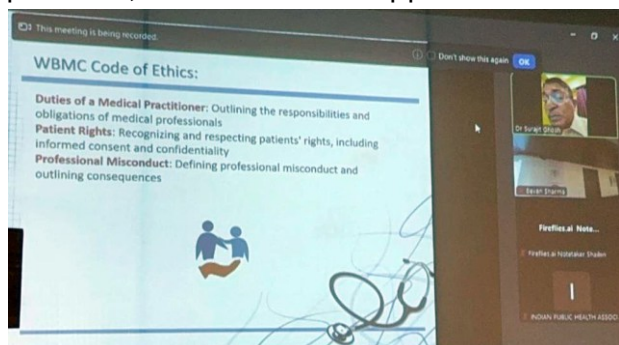
The ALLARM academic meet, held on July 26, 2025, at Gulmohar Royals Resort in Cooch Behar, marked a significant milestone in regional respiratory and allergy education. Organized by **IPHA West Bengal State Branch** in collaboration with the Salt Lake Asthma and Allergy Research Centre.



The event drew nearly 60 delegates who engaged in a comprehensive blend of knowledge sharing, clinical skill-building, and interactive learning. The meet featured expert sessions on asthma diagnosis and



management, allergy diagnostics, and medicolegal awareness, with a focus on practical, evidence-based approaches.



A highlight of the event was the panel discussion on **"One Airway, One Disease,"**

which emphasized the interconnected nature of respiratory and allergic diseases. The discussion underscored the need for unified diagnostic and therapeutic strategies, fostering interprofessional understanding among attendees.



A standout segment was the hands-on demonstration on respiratory devices and spirometry interpretation, which provided participants with valuable practical skills. The event concluded with overwhelmingly positive feedback, reflecting a growing demand for regional educational initiatives that cater to the needs of healthcare professionals. The success of ALLARM Cooch Behar 2025 sets a promising precedent for future events, emphasizing the importance of academic excellence, practical relevance, and interdisciplinary collaboration.

IPHA Life Membership Fee: Rs. 5000/-

- ❖ Lifetime membership validity.
- ❖ Discounts to attend IPHACON.
- ❖ Exclusive CME for members.
- ❖ IJPH Digital copy; four issues yearly and all special issues.
- ❖ Reduction in article processing charges (APCs) for member's scholarly work featuring in the esteemed indexed journal of the association, IJPH (Indian Journal of Public Health)

The National Nutrition Month (September)

10th September

National Nutrition Month 2025 with the theme **“Food Connects Us”** was observed by **Indian Public Health Association** in collaboration with **IDBG Hospital, Kolkata** on 10th September 2025 in GB2 Auditorium of IDBG Hospital, Belegghata. The program was attended by nursing personnel of IDBG Hospital as well as beneficiaries who attended the facility for maternal and child health care services.



The program began with a warm welcome address by Prof. (Dr.) Nabanita Bhattacharyya, Principal, IDBG Hospital and Dr. Baisakhi Maji, Assistant Professor, Department of Community Medicine, IDBG Hospital anchored & moderated all sessions.

The first session was on the agenda of ‘Nutritional counseling in Antenatal care’ which was discussed in detail by Ms. Ananya Chatterjee, Project Research Scientist-I, NHRP-ICMR BCSS Project, Medical College & Hospital, Kolkata.

Here all the components regarding the importance of nutritional supplementation during the antenatal phase to prevent nutritional deficiencies was discussed in detail.



The second session was on “Advantages of Breastfeeding and Technique of Breastfeeding” which was taken by Ms. Soma Mondal, Senior Sister Tutor, ANM (R) Training School, ID & BG Hospital, Kolkata. She discussed in detail with the help of posters and flipcharts on the correct technique of breast feeding and gave suitable advice on breast feeding steps to the attending mothers. Hands on demonstration with mannequin on attachment for breast feeding was conducted by her. This forty minute session by Ms. Mondal also consisted of numerous doubt clearing sessions among the beneficiaries attending.

The next session was taken by Ms. Pallabi Chatterjee (Dietitian) and Guest Lecturer, College of Nursing Medical College & Hospital, Kolkata in the topic of “Nutritional needs of Lactating Mothers, Complementary feeding & Nutrition of Under 5 children”.

Ms. Chatterjee spoke regarding the importance of nutrition intake and extra calorie supplementation of lactating mothers, the importance of exclusive breastfeeding and how to initiate complementary feeding. The importance of maintaining proper nutritional intake for proper growth and development of under-five child was also discussed under this session.

In the final session, Dr. Ankush Banerjee, Assistant Professor, Department of Community Medicine, JIS School of Medical Science and Research, Santragachi, Howrah summarized the important proceedings of the previous sessions and discussed some common myths and doubts regarding breast feeding among the beneficiaries.

The program ended with a vote of thanks by Dr. Baisakhi Maji.



10th September

The Department of Nutrition and Dietetics, **Parul Institute of Applied Sciences**, in collaboration with the **Parul Institute of Public Health**, **Indian Public Health Association (IPHA) – Gujarat State Branch**, **Nutrition Society of India (NSI) Vadodara Chapter**, and **IAPEN India Association Vadodara**, organized an expert talk on **“The Nutrition Paradox: Navigating Lifestyle, Health, and the Future of Healthcare in India and LMICs”** on 10th September 2025 at the PIAS Seminar Hall.

Objectives:

- To provide students and faculty with an in-depth understanding of the nutrition paradox and its implications in India and other low- and middle-income countries (LMICs).
- To analyze the drivers behind changing health and nutrition patterns, such as lifestyle transitions, urbanization, and socio-economic inequalities.
- To equip participants with a toolkit of strategies for addressing the dual burden of malnutrition and non-communicable diseases through education, prevention, and interdisciplinary collaboration.

The resource person for the session was Dr. Nayanjeet Chaudhury, MD, MPH, a leading public health expert, currently serving as Director of the Amrita Patel Centre

Parul[®] University
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VADODARA CHAPTER

IPHA

IAPEN INDIA ASSOCIATION
Vadodara Chapter

**Department of Nutrition and Dietetics,
Parul Institute of Applied Sciences**
in collaboration with
Parul Institute of Public Health

Organise

External Talk on
**THE NUTRITION PARADOX:
NAVIGATING LIFESTYLE,
HEALTH, AND THE FUTURE
OF HEALTHCARE IN
INDIA AND LMICs**

10-09-2025 02:00 PM - 04:00 PM
PIAS Seminar Hall, PIAS

DR NAYANJEET CHAUDHURY MD, MPH

Director, Amrita Patel Centre for Public Health, Bhaikaka University
Chief Learning Officer, Sohoki Learning Labs | Honorary President, EcDEESHA Foundation,

Coordinator

Dr. Ruchi Vaidya,
Associate Professor,
Nutrition and Dietetics, PIAS

Ms. Gayatri Parmar
Assistant Professor,
Nutrition and Dietetics, PIAS

Dr. Pranav Kshtriya
Assistant Professor, Parul Institute of Public Health,
IPHA- Gujarat State Branch EC member

Convenor

Dr. Yamees Shah,
HOD,
Nutrition and Dietetics, PIAS

Dr. Trilok Akhani
HOI, Dean,
PIAS

Dr. Parthasarathi Ganguly
Director, Parul Institute of Public Health,
President IPHA- Gujarat State Branch

for Public Health, Bhaikaka University, along with his roles as Chief Learning Officer at Sohoki Learning Labs and Honorary President of EcDEESHA Foundation.

The session was attended by over 54 participants including undergraduate and postgraduate students of Nutrition, Dietetics, and Public Health, along with faculty members. The event began with introductory remarks and the formal welcome of the expert by the coordinators & convenors.



Dr. Chaudhury structured his lecture around four interconnected themes: the Paradox, Drivers, Impact, and Toolkit. He first explained the Paradox of nutrition in India and LMICs, highlighting the dual burden of undernutrition and obesity that coexist in the same populations. He pointed out how while sections of the population struggle with hunger and micronutrient deficiencies, others, particularly in urban and middle-income groups, face an epidemic of lifestyle-related diseases such as diabetes, hypertension, and obesity. This paradox, he

noted, poses unique challenges to healthcare systems and policy frameworks.

The second part of the lecture focused on the Drivers of this paradox. Dr. Chaudhury discussed how rapid urbanization, sedentary behavior, dietary shifts towards high-calorie and low-nutrient foods, globalization of food systems, and socio-economic disparities contribute to the current crisis. He also emphasized cultural influences and aggressive marketing of processed foods as important contributors to changing health patterns. Students were able to relate these insights to their coursework in nutrition, epidemiology, and health promotion.



Moving forward, he explained the Impact of this paradox on individuals, communities, and healthcare systems. The speaker outlined how the growing burden of non-communicable diseases (NCDs) affects not only health outcomes but also places enormous economic strain on public health infrastructure. He emphasized that unless preventive strategies are prioritized, healthcare systems in India and LMICs will struggle to balance the treatment of infectious diseases & NCDs simultaneously. Case examples from rural and urban India illustrated the multidimensional impact of these challenges.

The final section of his lecture introduced the Toolkit — a set of strategies that students and professionals can adopt to address the nutrition paradox. This included strengthening preventive healthcare, designing community-level nutrition education campaigns, promoting lifestyle modifications, & encouraging interdisciplinary collaboration between nutritionists, public health practitioners, and policymakers. He also stressed the importance of evidence-based policy-making and integrating digital health tools to spread awareness.

The session concluded with an interactive discussion, where participants asked questions about policy reforms, practical interventions at the community

level, and career opportunities in public health nutrition. Dr. Chaudhury encouraged students to become proactive contributors to healthcare reform and research, and he emphasized that their role as future professionals will be critical in creating sustainable health outcomes for India and other LMICs.

Dr. Ruchi Vaidya, Associate Professor Nutrition and Dietetics, Ms. Gayatri Parmar, Assistant Professor, Nutrition and Dietetics, PIAS, Dr. Pranav Kshtriya, Assistant Professor, Parul Institute of Public Health were the faculty coordinators for the event.



Outcome:

- Students developed a comprehensive understanding of the nutrition paradox and its global and national relevance.
- Participants gained insights into the drivers of nutrition and lifestyle-related health issues, helping them connect public health theories with practical realities.
- The session encouraged critical thinking about the impact of malnutrition and non-communicable diseases, broadening student perspectives on healthcare challenges.
- Students and faculty were introduced to a practical toolkit of strategies for addressing public health concerns, including preventive healthcare, nutrition advocacy, and interdisciplinary collaboration.
- The event motivated participants to engage in research, policy dialogue, and community-level interventions, fostering a sense of responsibility towards achieving SDG 3 (Good Health and Well-Being) & related goals.

This expert talk not only provided academic enrichment but also connected theoretical classroom learning with real-world healthcare issues, preparing students to think critically and act effectively in their professional journeys.

12th September

National Nutrition Month 2025 was observed by the **Indian Public Health Association, West Bengal State Branch**, in collaboration with the Department of Community Medicine, **NRS Medical College & Hospital**, on 12th September 2025 at the e-Classroom, Academic Building, NRS Medical College Campus.

Eminent public health professionals delivered speeches on various topics relevant to nutrition and health. The event was inaugurated by Dr. Santasabuj Das, Scientist G and Director, ICMR-NIRBI; Prof. (Dr.) Indira Dey (Pal), Principal, NRSMCH; Dr. Dibakar Halder, Professor and Head, Department of Community Medicine, NRSMCH; and Dr. Surajit Ghosh, President, IPHA West Bengal Branch, who addressed the gathering during the inaugural session.



A plenary session titled “Public Health Nutrition and Related Policies” was held, featuring insightful talks by Dr. Dipta Kanti Mukhopadhyay and Dr. Somnath Naskar, and chaired by Dr. Lina Bandyopadhyay.



A panel discussion on “Sustainable Diets and Climate-Resilient Nutrition” followed, with eminent speakers Dr. Dibakar Halder, Dr. Aritra Khan, Dr. Usha Mallick, and Dr. Kunal Kanti Majumdar. The session was moderated by Dr. Satabdi Mitra and chaired by Dr. Sanghamitra Ghosh.

In addition to the discussions, eight expert talks were delivered by renowned professors and public health specialists on diverse topics. The speakers included:

- ✚ Dr. Anindita Ray Chakravarti, Assistant Professor and HOD, Dept. of Food and Nutrition, Maharani Kasiswari College, Kolkata
- ✚ Ms. Pallabi Chatterjee, Guest Lecturer (Nutrition and Dietetics), College of Nursing, Medical College & Hospital Kolkata
- ✚ Dr. Agnimita Giri Sarkar, Consultant Pediatrician In-charge Lactation Services Institute of Child Health
- ✚ Dr. Rumi Sen, HoD & Associate Professor Department of Nursing Aliah University, Kolkata
- ✚ Dr. Somsindhu Ghosh, Associate Consultant - Critical Care, Manipal Hospitals, Salt Lake City Kolkata
- ✚ Dr. Sayan Bhattacharyya, Associate Professor, Department of Microbiology, All India Institute of Hygiene & Public Health, Kolkata
- ✚ Mrs. Snita Bhunia, Senior Lecturer West Bengal Govt. college of Nursing, SSKM Hospital campus
- ✚ Dr. Jharna Ghosh, Principal Florence College of Nursing



The expert talks covered a range of topics, including the intersection of nutrition with mental health, cancer care, and critical care. Discussions also addressed food safety, nutrition for specific health conditions such as diabetes and renal disease, and the vital role of nurses in diet planning. The sessions highlighted emerging trends and practical applications in nutrition science.

As part of the event, a debate competition was organized on the topic “Is Modern Diet a Threat to Adolescent Health?” moderated by Dr. Shibaji Gupta and Dr. Shabana Yasmin. Six postgraduate students participated in the debate, where Dr.

Prabudhha Goswami and Ms. Bula Dey were declared winner and runner-up, respectively.



The programme was attended by more than 120 delegates, including postgraduate trainees and public health professionals. It concluded with a brief valedictory address by Dr. Sanghamitra Ghosh, National President, IPHA. Participation certificates were distributed to all attendees. The event received an enthusiastic response and was highly appreciated by the delegates.



12th September

In collaboration with **IPHA Headquarters** the Department of Community Medicine, **Jagannath Gupta Institute of Medical Sciences and Hospital (JIMSH)**, Budge Budge, takes immense pride and pleasure in sharing the resounding success of NUTRI POT 2.0, organized on 12th September 2025 as part of National Nutrition Month celebration.

The event was graced by the esteemed presence of Dr. Sanghamitra Ghosh, National President, Indian Public Health Association (IPHA), as the Guest of Honor. Her inspiring words and gracious presence added immense value to the occasion, motivating students and faculty alike.

A total of 44 medical students participated enthusiastically, forming 22 teams that competed in a spirited display of creativity, teamwork, and nutritional knowledge. The competition aimed to reinforce the principles of balanced nutrition through the concept of “fun learning”, where complex nutrient calculations were transformed into engaging, enjoyable exercises — truly reflecting the spirit of the National Nutrition Month.



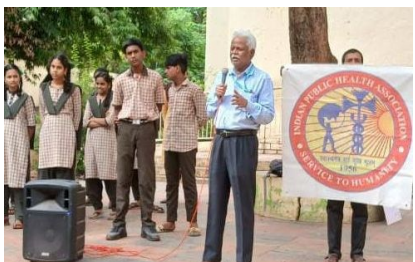
The event was adjudicated by an esteemed panel comprising our Dean of Academics, Administrative and Nodal Officer, JIMSH, and a third set of scores derived from the collective evaluation of the young and dynamic faculty members of the Department of Community Medicine, JIMSH. The event



reached a memorable conclusion with the Executive Director, JIMSH, Dr. Shubhangi Gupta, honouring the winners by personally awarding medals, a moment of great pride for all participants and organizers. The celebration truly embodied the message of “**Healthy Eating for a Healthy Tomorrow**”, blending learning, innovation, and joy in perfect harmony.

Activities of IPHA - Andhra Pradesh State Branch

IPHA Andhra Pradesh State Branch observed **World Population Day** on 11th July 2025 at KDPM High School, Peda Waltair. In the School assembly Dr. M.V.V. Murali Mohan,



President, Indian Public Health Association Andhra Pradesh State branch said, 'World Population Day is

conducted to raise awareness of global Population issues. The event was established on 11th July 1987 to raise awareness on issues such as importance of family planning, gender equality, poverty, maternal Health and human rights.' He also said that the day came into existence when the World Population reached 500 crores in 1987. He also explained the theme "Empowering young people to create the families they want in a fair and hopeful World. In the meeting Headmistress of KDPM High School Smt. Sumati Bai, staff of KDPM High School and lab technician of UHTC have participated.

IPHA Andhra Pradesh State Branch observed **World Oral Rehydration Solution Day** on 29th July 2025 by conducting awareness session at Urban Health Training Center, Peda Jalaripeta. In the meeting citizens were sensitized on the importance of use of oral rehydration solution. Dr. M. V. V. Murali Mohan, President, IPHA-AP, said that, when diarrhea occurs the patient will lose water and electrolytes and to replenish the water and electrolytes ORS is to be used. He also said that, one who is in dehydration will lose turgor of skin and skin will be dry, there will be no tears and the patient will be in confusion. The patient will have a lot of thirst. He also warned that before making ORS solution one should wash hands thoroughly. If any ORS solution is left at the end of the day, it should be discarded and fresh solution should be prepared. In the meeting along with the members of Indian Public Health Association, the Pediatricians from GITAM Institute of Medical Sciences and Research also participated.



As an **Environment Friendly Initiative**, IPHA Andhra Pradesh State Branch conducted a training session on 31st July 2025 for students of A. S. Raja degree college, Visakhapatnam in preparation of '**Seed Rakhi**'. Dr. M. V. V. Murali Mohan, President IPHA-AP, said that, seed Rakhis will help in improving plants even after the **Rakhi festival**. If we use Rakhis made up of Plastics and other non-eco-friendly material it causes pollution of the soil and causes harm to animals when they eat it. Seed Rakhis are ecofriendly and he also said that tying big eco-friendly Rakhis to big trees to celebrate '**Vrikshabandhan**' will

spread the message into the minds of citizens. Principal of the college Dr. Jagadeesh, Green Climate team coordinators Smt. J. Rajeswari and J. V. Ratnam supervised the program. It was decided to tie Rakhi to 200 years old Banyan tree near Telugu Talli flyover on 1st August.

Activities of IPHA - Maharashtra State Branch

On 18th June 2025, IPHA Maharashtra State Branch signed a Memorandum of Agreement (MoA) with Spoken Tutorial, IIT Bombay (Mumbai) to roll out and introduce their Health & Nutrition courses to Medical Students & Health functionaries in the state.

The Spoken Tutorial Project was established at IIT Bombay with funding from the Ministry of Education (Previously MHRD). Spoken Tutorial under the National Mission on Education through ICT, offers various Health & Nutrition Program tailored to Medical Students and Health Functionaries. This initiative aims to enhance foundational knowledge in key areas such as balanced diets, malnutrition, maternal and child health and disease prevention through high quality self-paced audio visual tutorials. Aligned with the academic needs of medical students and health functionaries the program supports blended cognitive learning and skill development, empowering future healthcare professionals with accessible, multilingual educational resources.

The Health & Nutrition content has been conceptualized and developed by Dr. Rupal Dalal, a renowned pediatrician and public health nutrition expert. Dr. Dalal is a professor at CTARA, IIT Bombay, and has over two decades of experience working on child malnutrition and community health programs across India.

BHARATI VIDYAPEETH (DU) MEDICAL COLLEGE
DEPARTMENT OF COMMUNITY MEDICINE
& INDIAN PUBLIC HEALTH ASSOCIATION
MAHARASHTRA STATE BRANCH

Invites to attend Webinar on Tuesday, 5th August 2025
02.30 pm - 04.30 pm

Spoken Tutorials on Maternal & Child Nutrition

PRIOR REGISTRATION (FREE) IS MANDATORY. FOR OBTAINING LINK OF THIS ONLINE EVENT - SCAN QR CODE

Dr. Mandar Karmarkar
Principal, BVDUMC, Pune

Dr. Prasad Waingankar
President - IPHA MH

Dr. Saibal Adhya
HoD, Community Medicine
BVDUMC, Pune

Dr. Varsha Vaidya
Jt. Secretary - IPHA MH
Professor, CM, BVDUMC

Dr. Deepak Khismat Rao
Secretary - IPHA MH

Mrs. Renu Singh, Training Manager, Spoken Tutorial
IPHA Coordinator: Dr. Varsha Vaidya: 9599934164
IPHA Co-coordinator: Dr. Ashlesha Tawde-Kelkar

Guidance by the Expert
Dr. Rupal Dalal, MD, FABM, IBCLC
Adjunct Associate Professor
CTARA - IIT Mumbai

The roll out event for these courses was conducted through a Webinar on 5th August by **IPHA-MH** & **Bharati Vidyapeeth (DU) Medical College** with the initiative of Dr. Varsha Vaidya, Joint Secretary IPHA Maharashtra which was attended by several faculties and post graduate students of more than 50 Medical Colleges.

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MHIAPSMIPHAcon 2026

27th JOINT MAHARASHTRA STATE CONFERENCE

8th - 10th JAN 2026

UNIVERSAL HEALTH CARE: BRIDGING GAPS IN URBAN & RURAL HEALTH

PRECONFERENCE WORKSHOPS
8th JANUARY 2026 THURSDAY
JOINT ORGANISING SECRETARY DR. VARSHA VAIDYA
PROFESSOR (CM), SETH GSMC & KEM HOSPITAL

CONFERENCE DAYS
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ORGANIZING CHAIRPERSON DR. VARSHA VAIDYA
PROFESSOR & HEAD, SETH GSMC & KEM HOSPITAL
JOINT ORGANISING SECRETARY DR. RUPAL DALAL
PROFESSOR (CM), SETH GSMC & KEM HOSPITAL

DEPARTMENT OF COMMUNITY MEDICINE
SETH GSMC & KEM HOSPITAL MUMBAI
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Artificial Intelligence and Ethics in Healthcare

Dr. Noopur Kulkarni

Assistant Professor, Community Medicine, MGM Medical College, Kamothe, Navi Mumbai

Artificial intelligence (AI) increasingly shapes the information we encounter, the emotions we experience, and the products and services we consume. It has emerged as a powerful tool and one of the most transformative forces in healthcare, offering possibilities ranging from early disease detection and personalized treatment to administrative efficiency and patient support systems. By integrating machine learning, natural language processing, and robotics, AI promises to improve access, accuracy, and affordability of healthcare. Artificial intelligence applications have revolutionized healthcare by transforming areas such as medical imaging, electronic medical records (EMRs), laboratory diagnostics, treatment planning, physician decision support, drug discovery, preventive and precision medicine, large-scale biological data analysis, process optimization, and data management for health organizations. Despite these advancements, the field continues to grapple with significant ethical and legal challenges. Responsible integration of AI into healthcare requires balancing innovation with all four medical ethics such as autonomy, justice, privacy, and beneficence.

Ethical Considerations in AI for Healthcare

• Patient Autonomy and Informed Consent

According to the definition of ethical responsibility, patients have the right to be informed of their diagnoses, health status, treatment process, therapeutic success, test results, costs, health insurance share or other medical information, and any consent should be specific per purpose, be freely given, and unambiguous. With rising use of AI in healthcare the concerns related to patient autonomy may rise. AI tools often operate as "black boxes," with limited explaining ability of how outputs are derived. When diagnostic or therapeutic recommendations come from opaque systems, patients may struggle to understand the rationale behind their care.

This raises concerns about informed consent—can a patient truly make an autonomous decision if the logic behind AI recommendations is unclear? Ethical deployment demands explainable AI (XAI) systems and transparent communication between clinicians and patients. Many a times social media contains a large amount of data which is available for public domain which is utilised for a variety of purposes.

• Equity and Bias

AI models learn from large datasets, but these datasets may not represent all populations equally. For instance, predictive algorithms trained primarily on data from high-income countries may fail to perform adequately in low-resource or diverse ethnic settings. This can perpetuate or even worsen healthcare disparities. Ensuring fairness requires inclusivity, unbiased detection mechanisms, and validation across diverse demographic groups.

• Data Security and Privacy

According to the GDPR regulations first enacted by European Union, all personal data and the activities of foreign communities and companies are processed by the union-based data processor or controller in order to protect the information of natural persons with sufficient protection. Healthcare relies on highly sensitive patient information. AI systems process vast amounts of electronic health records, imaging data, consent forms and even genetic information. This humungous amount of information can be used for malicious purposes like selling personal and medical data to pharmaceutical companies. Breaches or misuse of this data would compromise patient confidentiality and trust. Ethical frameworks should mandate robust cybersecurity, strict data governance, and compliance with regulations like HIPAA and GDPR. Furthermore, patients must retain and be given control over how their data is used, especially in commercial or research contexts.

• **Accountability and Liability**

Whom to blame if AI systems make errors, such as misdiagnosis and inappropriate treatment? When using AI questions of accountability always arises. Should responsibility lie with the developer, the healthcare institution, or the clinician using the system? LLMs are inscrutable systems, hence the onus of accountability and responsibility should lie on all stakeholders who are involved in its development and use. Clear legal and ethical guidelines are needed to define liability, ensuring that patient safety remains paramount without discouraging innovation.

• **Doctor–Patient Relationship**

AI has the potential to reshape the doctor–patient dynamic. While it can free clinicians from administrative burdens and enhance decision-making, excessive reliance on AI may risk depersonalization of care. Human empathy, contextual judgment, and ethical reasoning cannot be fully replaced by machines. Ethical integration requires using AI as a supportive tool rather than a substitute for clinical judgment.

• **Social Inequality, Access & Global Justice**

The rising use of AI could give rise to already increasing social inequality around the world, as people may lose jobs, especially entry level jobs and middle managers. If robot replace surgeon and nursing care that may prove a threat to the jobs of qualified doctors/surgeons. Automation and advanced economies widen the gap between developing nations and advanced economies. Though large number of people would have increased access to information, technologies and science it could give rise to greater social inequality and social injustice. AI holds promise for extending healthcare access in underserved areas through telemedicine, remote diagnostics, and mobile health apps. Yet, unequal access to technology may widen the global digital divide. Ethical considerations must include equitable distribution of AI benefits, particularly in low- and middle-income countries.

Moving Towards Ethical AI in Healthcare

To address these challenges, a multi-stakeholder approach is essential. Policymakers must create regulations that promote innovation while safeguarding

patient rights. Healthcare institutions need to establish AI ethics committees for oversight of deployment and evaluation. Developers should prioritize inclusivity, fairness, transparency, greater representation and user-centred design. Finally, clinicians must receive training to critically interpret AI outputs and communicate them effectively to patients.

Also, we must not forget that crucial humane qualities like empathy, compassion and care that is the foremost important aspect of treating a patient and not just the disease is very unique to us as humans, and robotic healthcare may not be able to evolve with such qualities. We need to safeguard these values which keeps us apart from robots and work jointly with optimum use of both AI based technologies and kind, compassionate care.

AI in healthcare is not just a technological revolution but also an ethical frontier. Its integration offers immense potential to improve patient outcomes, streamline systems, and democratize access to healthcare. However, without careful attention to ethics — autonomy, equity, privacy, accountability, and justice — these innovations could compromise the very values medicine stands for. Striking the right balance between technological advancement and ethical responsibility will determine whether AI becomes a true companion in promoting health and well-being for all.

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Enriching Public Health teaching expertise

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Immediate Past President IPHA – Maharashtra State Branch

Teachers working at medical colleges and for the Medical Education, are like front line workers, hence what is expected at this level matters a lot for students as well as for those going to become teachers in future. Even though teachers are professing the subject of public health for health care services, there are some gaps, lacunas in their expertise to teach public health with relevant live experiences gained through the independent practical work in field.

Post Graduate students are expected to learn principles and practice of public health in Medical College, from the faculties of Community Medicine. Hence Medical teachers are expected to have public health expertise and skills to fulfil their role as teachers of public health experts. For Clinicians, there are hospital OPDs and wards to gain practical skills, what about Community Medicine teachers – from where, they are going to get practical experiences and skills in public health. We know that public health experts, undergo post graduate training in Community Medicine at the Medical colleges. However, when they work in public sector, usually they get dissociated with the medical colleges or the Departments of Community Medicine. Junior faculties working in Departments of Community Medicine at Medical College level may not be aware about the applications of the subject knowledge in Public Health Sector and similarly those who work in Public sector may not be clear about how their experiences in the field can be incorporated in teaching curriculum to enrich PG teachers and students and enhance the importance of the subject and improve visibility of the subject at Medical college and Medical Profession in general. Lot of deliberations, discussions have taken place in this respect, at macro level i.e., at the level of MOH&FW and medical education policy formulation levels, but there are issues in percolating the actions at ground level, where the real change is required. We must believe in – Think globally and Act locally philosophy.

In medical profession the importance of your work is usually understood on the basis of how much worth you are to the health of the individuals as well as health of the general public. On these parameters, Community Medicine experts are seen at lower level at medical college and Public Health functionaries are identified as administrators of public health department

without understanding their professional responsibility as Community physician.

It is hard to accept that PG students in Community Medicine understand the true importance of the subject, skills and its applicability after obtaining PG degrees. Post graduate students in clinical subjects obtain knowledge and skills to the level of empowerment to manage the practice in the open world. This is limited in case of community medicine. Medical college faculties undergo lot of trainings from public health sector with initiation of any new programme or management practices, but there is hardly any utilization of this knowledge to the public sector. All faculties in Community Medicine and Public Health experts should introspect this paradigm, with due concern to find out strategies to fulfill the gaps on either side. There is scope to initiate or facilitate reforms to enrich our medical faculties in their public health expertise and practice, beneficial to the upcoming PG students and to the public health sector.

Teaching the subject to PG students makes us understand the limitations in building the essential skills amongst the PG students like....

- Will he/she be able to plan and implement intervention program to reduce malnutrition?
- Will he/she be able to evaluate functioning of PHC or SC?
- Will he/she be able to evaluate implementation of any National Health Programme at DH or CHC level?
- Will they be able to undertake Investigation of an epidemic independently?
- Will they be able to plan and implement program for elimination of scabies in 20 villages together?
- Will he/she be able to mobilize community participation for outreach activities?
- How indicators of health are different in two PHCs – one affiliated to medical college and one not affiliated?
- How development of referral linkages in two PHCs differ - one affiliated to medical college and one not affiliated?

The First World Medical Education Conference in London in August 1953- highlighted importance of Preventive and Social Medicine in the training of physicians. The All-



India Medical Education Conference organized in 1955 after the World Medical Education Conference recommended major reforms in medical education in the country. It was recommended then that each medical college should have a Preventive and Social Medicine Department with fulltime staff.

National Medical Commission (NMC) guidelines for competency-based PG training programme for MD in Community Medicine and syllabus for MD (Community Medicine) given by MUHS, highlights the importance of public health skills to be acquired by the students. In order to fulfill these NMC & MUHS requirements it is equally important that the teachers who are entrusted the responsibility of teaching these skills, are well versed and competent to impart these skills to the students.

Teachers are expected to perform following roles in line with the expectations by NMC & University

- Teaching & Training – students, HCWs, Research aspirants, NGO functionaries working in public health
- Research – Operational, Action research, field studies, community trials etc.
- Support health services
- Advocacy for community health demands and utilization of health services
- Facilitate good governance practices at beneficiary end
- Empowerment of Community

Medical teachers are clear about their role as teacher and researchers. But what about other roles. If they understand the roles on these domains, question is from where these skills and expertise is going to be generated. Unless and until they have practical experience of working in public health sector, their own empowerment is unlikely.

Teachers' actions, attitudes, enthusiasm, interest and skills in the subject influence the learners directly. Teachers should possess effective public health teaching skills acquired through experiences in public health service. They must see the challenges of community-based teaching and make the learning experience meaningful and appealing. They must engage in research and involve in planning, monitoring and evaluation of public health programmes to be familiar with community-based public health activities. They must be a good role model for students. A good image of the teachers will enhance student's interest in the subject and may probably lead to a career choice in public health. Medical doctors are leaders of public health team and need to be trained to have adequate proficiency to meet demands of health care systems & health needs of people.



Stakeholders such as the government, medical councils, medical associations, NGOs and INGOs (International NGOs), national and regional networks can play a critical role in improving teaching of public health in UG/PG medical schools.

Community Medicine faculties usually

See	through somebody and not directly
Hear	from students/others, but do not listen beneficiary directly
Read	as theory topic but do not develop insights
Speak	but do not advocate at policy/decision making level
Teach	with limited practical experience in the field
Research	but limited direct benefit implications
Write	for academic purpose than for community empowerment
Criticize	without getting involved in work

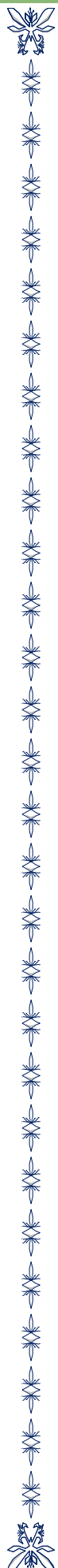
We all have witnessed Covid 19 pandemic and were involved directly or indirectly in reducing transmission of Covid 19 and reduce its impact on the improving health indicators, socio- economic wellbeing and functioning of general health services. This pandemic also has enlightened us on the scope for preventive services including immunization, scope for screening for preventable diseases, issues in utilization of existing health services, level of readiness for handling pandemic/epidemics, scope for sustainable capacity development, Infrastructure limitations in rural/urban areas, Scope for improving functioning of peripheral health institutions, scope for social and behavior change communication.

At National level Indian Medical Service (IMS) in line with Indian Administrative Service is recommended on many platforms and is being considered. This arrangement will make human resource available, trained in technical as well as on medical administrative domains. However, strategic reforms may be given considerations in brainstorming workshop to improve utilization of Medical College Community Medicine faculties in management of public health services and public health experts to impart technical and operational skills to Post Graduate students and faculties in Medical College.

Public health departments may be considered as wards/fields for the PGs to gain practical knowledge. Some of the reform strategies which deserve attention on this background could be -

1. District's allocation to medical colleges – for collaborative linkages with District Health authorities





2. Establish functional accountability of UHTCs/RHTCs with the Public Health Department
3. Placement of PG students in health services, to be supervised by their guide– up to 6 months with standard programme schedule with short assignments
4. Compulsory deputation of Community Medicine faculties to Public Sector Health Services for a minimum duration of 3 to 5 years – For this purpose, positions in the Public sector Health services may be fixed where there is scope for more technical work than bureaucratic responsibility, like in charge of any National Health Programme at District, circle, regional or state level, Disease surveillance area, Health Management Information system (HMIS), Monitoring functioning of different peripheral level health institutes under district/circle/region or state level, responsibilities of training cells etc.
5. Adopt new approaches to ensure compliance on the part of teachers – extra credentials for academic promotions, case study/case series approach to understand insights into the public health problems, short assignments to be completed with PG students to become more and more familiar with new challenges etc.
6. Compulsory placement of Public Health functionaries (having PG qualifications) in medical college for minimum duration of 3 to 5 years – For this, positions in the medical colleges may be identified either as Assistant Professor or Associate Professor depending upon experience and years of service in public sector. Beside refreshing the self-knowledge, these functionaries may be entrusted the responsibility of classroom teaching to UG and PG students with focus on practical insights and how best the knowledge can be transferred into practices of public health with long run benefits to the general population. Public Health specialist would definitely give justice to these expectations. In medical college, their inputs on behalf of Department of Community Medicine will strengthen the role of hospitals in contributing to public health services like – streamlining hospital-based disease surveillance in line with public health norms, improving HMIS at hospital level, training programmes for public health department staff, implementation of National Health Programmes at major hospitals level, advocacy for public health services, etc.
7. Develop data sharing guidelines between medical college, Community Medicine Departments & Public health services to promote health services research.

Attempts on this line are done sometimes. However, these optional

arrangements are not substantial to improvise the work culture on either side. We need to think of well-planned strategic reforms in this direction at policy level to make it regular mainstreamed governance practice.

Whenever and wherever, this is done, it is proved to be of mutual benefit to the medical college faculties as well as public sector services. Only placement of PGs to Rural Health Training Centres and Urban Health training centres for very limited period of time, without any accountability to the services rendered by them, does not fulfil these expectations.

Covid 19 pandemic has already enlightened all of us the role of Community Medicine in Public Health Services and has created enabling environment to push the agenda further. These suggested reforms, and not the customized arrangements as and when required, will be of mutual benefit for-

1. *Improvement in public health teaching skills amongst the faculties*
2. *Ensuring availability of technical experts in key positions at peripheral levels*
3. *Providing better orientation of Public Health to PG students*
4. *Having better understanding of practical aspects of Community Medicine*
5. *Expansion of Public Health Practice area to the Medical Colleges*
6. *Enhancing research scope in Public Health sector*

To conclude, - Public Health is practice. Practice requires relevant expertise, Expertise develops out of work experience, Work experience is generated by doing the work. Public health teachers should do the work to get experience to develop expertise to become proficient in public health practice. Community medicine faculties are public health teachers hence we all as Community Medicine faculties should adopt reforms, to be a good public health teacher – to uplift the importance of the subject and contribute substantially to fulfil National health goals. Things will look better, provided we change.

18th World Congress On Public Health

Join the World Federation of Public Health Associations (WFPHA) and Public Health Association of South Africa (PHASA) in Cape Town, South Africa, on September 6-9, 2026, as we unite public health professionals to shape a healthier, more equitable future for all.





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IPHACON2026

70th Annual National Conference
of
Indian Public Health Association

Registration Details

S. No	Category	Early bird (Upto 15th November 2025)	16th November 2025 - 31st December 2025	1st Jan - 31st Jan 2026	1st Feb - 28th Feb 2026	Spot registration (1st March 2026 onwards)
1	IPHA Member	₹7,000	₹8,000	₹9,500	₹11,000	₹12,000
2	IPHA Non-member	₹11,000	₹12,000	₹14,000	₹18,000	₹20,000
3	PG student IPHA Member	₹6,000	₹7,000	₹8,000	₹9,500	₹11,000
4	PG student Non-Member	₹8,000	₹9,000	₹10,000	₹12,000	₹13,000
5	UG Student	₹5,000	₹6,000	₹8,000	₹10,000	No spot registration
6	Co- Delegate	₹5,000	₹6,000	₹8,000	₹9,000	No spot registration
7	Pre-conference workshops	₹2,000	₹2,000	₹2,000	₹2,000	Subject to availability of slots

- Registration is compulsory for all resource persons/members attending the conference
- Registration for workshops is on first-come, first-served basis
- The above registration fee includes 18% GST as per norms.
- PG and UG students must submit a valid certificate attested by the HOD during registration.
- Conference kits for spot registrations are subject to availability.
- Co-delegates – first degree relation (wife, husband, children, parents only) for conference registration.

Website link: <https://www.iphacon2026.com>

Registration link: <https://www.iphacon2026.com/registration>

or
Scan here:





70th Annual National Conference
of
Indian Public Health Association

Theme:
**Equity, Resilience and Integration:
Reimagining Public Health for a Sustainable Future**

13,14,15 March 2026

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Views expressed by the Authors in this Newsletter are their own and not official view / stand of IPHA

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