

IIPHG NEWSLETTER

Volume: II

Issue: III

Period: Jan- March 2025

Issue release April 2025



From the Director's Desk

Dear Students, Faculty, Well-wishers, and Friends of IIPHG,

I am pleased to present the 8th edition of the IIPHG Newsletter, highlighting significant contributions of our faculty members and research staff in advancing public health and hospital administration knowledge and practice. Over the past quarter, our teams have actively engaged in diverse research, capacity-building and policy advocacy endeavours, strengthening our commitment to evidence-based health solutions.

A key highlight of this quarter has been the Health Diplomacy event supported by the Ministry of External Affairs, Government of India. The event was graced by Hon. Chief Minister of Gujarat State, Hon. Health Minister of Gujarat and ambassadors from 9 countries, senior health officials and stakeholders.

We are also proud of our recent collaborations with global and national institutions, including partnerships with WHO, the Ministry of Health and Family Welfare, and various state governments, to implement research-driven health interventions. Additionally, our faculty have contributed to high-impact publications and policy briefs, ensuring that our work informs both academic discourse and real-world policy decisions.

I extend my heartfelt appreciation to our researchers, collaborators, and stakeholders for their unwavering dedication. Your contributions are vital in shaping a healthier and more equitable future.

Warm Regards,
Prof. (Dr.) Deepak Saxena

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A proud moment for IIPHG !

Prof (Dr.) Deepak Saxena receives the prestigious 5th Dr . B S Sajjan Oration Award on February 2025 at KMC, Mangalore, recognizing remarkable contributions and unwavering dedication to the field of Public Health



Highlights

Gujarat Pioneers Healthcare Innovation; Global Health Diplomacy

On 17th January 2025, the Indian Institute of Public Health Gandhinagar (IIPHG) hosted the Dialogue on Health Diplomacy, a landmark event showcasing India's leadership in public health. Hon'ble Chief Minister Shri Bhupendra Patel, along with Hon'ble Health Minister Shri Rushikesh Patel, Shri Dhananjay Dwivedi (IAS, Principal Secretary, Health & Family Welfare, GoG), Shri Rajendra Shukla (IAS, Secretary, Tourism & Civil Aviation, GoG), Prof. Sanjay Zodpey, and Ms. Kajari Biswas (Director, Policy Planning & Research, Ministry of External Affairs) graced the occasion.

The event highlighted India's pandemic response, vaccine advancements, health tourism, and Gujarat's rise as a tech-driven healthcare hub. A key milestone was the unveiling of Amrut Kunj—a visionary initiative for health innovation hubs. With a strong commitment to innovation and collaboration, Gujarat is reinforcing its role on the global healthcare stage. Together, let's drive progress and build a healthier future!



NCDArc and UNICEF Collaborate for Pediatric NCDs Roundtable Discussions



NCDArc, in collaboration with UNICEF, has conducted a series of insightful roundtable discussions focusing on key pediatric non-communicable diseases (NCDs) – Sickle Cell Disease (SCD), Type 1 Diabetes (T1D), Congenital and Rheumatic Heart Disease (CHD and RHD). These meetings served as a crucial platform for experts, policymakers, and other stakeholders to engage in comprehensive discussions, addressing challenges, identifying gaps, and exploring actionable solutions for strengthening pediatric NCD care in Gujarat.

Strengthening Heat Preparedness in Varanasi

On December 14, 2024, Dr. Deepak Saxena, Dr. Sandul Yasobant, Dr. Anish Sinha and Dr. Yamini Saini, from IIPHG held a virtual consultation with the Municipal Commissioner of Varanasi and the Vice Chairman of Varanasi Development Authority, along with Natural Resources Defense Council (NRDC) and Mahila Housing Trust (MHT) representatives. The meeting led to the decision to sign an MoU to strengthen heat preparedness in the city.

Advancing the Ayodhya City Heat Action Plan

On February 12, 2025, a virtual consultation led by Dr. Yamini Saini, Dr. Sandul Yasobant, Dr. Deepak Saxena, and Dr. Anish Sinha from IIPHG with the Ayodhya Municipal Commissioner and the District Surveillance Officer of the Health Department finalized a tripartite MoU between IIPHG, NRDC, and the Ayodhya Municipal Corporation. This initiative aims to enhance resilience against extreme heat and protect vulnerable communities. Following this, the Heat Action Plan training was conducted on March 24, 2025.

Highlights

Promoting One Health & Biosecurity



IIPHG's initiative has been a milestone in promoting community awareness, biosecurity practices, and the One Health approach by strengthening the detection of high-consequence pathogens through innovative training networks of women veterinarians under COHERD. This effort aims to empower women veterinary health professionals and women farmers in identifying and managing pathogen risks in their daily practices. Key achievements include training 152 women farmers across Gujarat, building the capacity of 41 veterinary health professionals, and developing engaging IEC materials such as the One Health Snake & Ladder Game.

Nurturing sustainable Green and Climate Resilient Healthcare Facilities (HCFs) in Gujarat

IIPHG conducted a study to assess the current state of healthcare facilities in Gujarat and support their transition into Green and Climate-Resilient Healthcare Facilities. Carried out across 16 facilities in Sabarkantha, Banaskantha, Somnath, Bharuch, and Kutch, the study evaluated carbon emissions, climate vulnerabilities, and financial needs for implementing resilience strategies. Key achievements included identifying climate vulnerabilities and preparedness plans by assessing facility and area-specific climate risks and disaster response strategies in PHCs, CHCs, and SDHs. It also estimated the costs of converting facilities at PHC, CHC, SDH, and DH levels into climate-resilient centers. Additionally, a carbon emission analysis measured annual emissions from each facility, identifying major sources such as electricity, medical equipment, transportation, and waste management to support targeted mitigation strategies.



REFLECT – trial evaluating the effects of cool roofs on health, environmental and economic outcomes

IIPHG, through its REFLECT initiative, aims to evaluate the effectiveness of cool roof interventions in reducing indoor heat exposure and improving the health and wellbeing of vulnerable urban populations. Focus group discussions were conducted to understand community perceptions of heat, climate change, and the acceptability of cool roofs, along with insights into local housing conditions and preferences. Over a 12-month period, the study will measure health, environmental, and economic outcomes—including heart rate, hydration levels, sleep quality, and heat-related symptoms—across 400 households.



Highlights

National Program on Climate Change and Human Health (NPCCHH)

IIPHG conducted the National Program on Climate Change and Human Health (NPCCHH) for Medical Officers from PHCs and CHCs in Sabarkantha on 10th January 2025 at Nagarpalika Town Hall, Khedbrahma. The session empowered participants with essential knowledge on air pollution, heat-related illnesses, green and climate-resilient healthcare facilities, and strategies to tackle climate-sensitive health challenges.



Case-Control Study: Basics & Beyond



IIPHG hosted a two-day workshop on "Case-Control Study – Basics & Beyond" from 2nd–3rd January 2025 for clinicians from medical colleges across Gujarat. Held at the IIPHG campus, the workshop aimed to simplify research methods and equip participants with practical skills in designing and conducting case-control studies. Key outcomes included training 40 clinicians, transforming theoretical knowledge into real-world research capabilities, and launching the Health Research Series 2025.

HLEP 3rd Residency: Strengthening Healthcare Leadership

Supported by GoG-NHM and SHSRC Gujarat, the 3rd Residency at IIPHG, Gandhinagar, focused on "Developing External Collaborations." Over six intensive days, 50 senior health leaders from the Government of Gujarat enhanced their skills in negotiation, political relationship management, media engagement, intra-team collaboration, and stakeholder networking.



HLEP Exposure Visit to Kerala: Strengthening Healthcare Leadership



As part of the HLEP at IIPHG, we successfully concluded an insightful Exposure Visit to Kerala, where 55 government health officials from Gujarat participated in a week-long knowledge exchange. The visit provided an opportunity to explore Kerala's innovative healthcare models, analyze key differences, and enhance policy-making to strengthen program implementation in Gujarat.

Highlights

Horizon Scanning Workshop - Advancing One Health Research



Dr. Sandul Yasobant from IIPHG participated as a speaker at the session on "Future One Health Research Needs and Priorities in South & East Asia" held in Putrajaya, Malaysia, organized by Oxford Systematic Reviews LLP and Juno Evidence Alliance. The session featured engaging discussions on shaping regional One Health research priorities, emphasized collaborative strategies to address global health challenges, and contributed to strengthening research networks across South and East Asia.

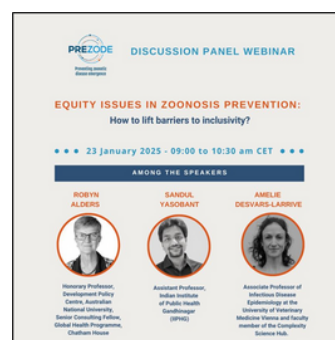
One Health & Climate Change Symposium

Dr. Ravina Tadvi from IIPHG - COHERD spoke on "One Health Surveillance & Cross-Sectoral Collaborations in Climate Change" at a session held in Chennai, Tamil Nadu. The talk addressed the critical link between One Health and climate change, shared valuable insights on disease surveillance and biosecurity, and emphasized the importance of cross-sectoral collaboration to effectively tackle emerging health threats in a changing climate.



Strengthening Community Involvement in Global Health

Dr. Sandul Yasobant from IIPHG participated as a speaker and panellist in the PREZODE initiative focused on building sustainable global health strategies. The discussions highlighted the importance of inclusiveness in global health efforts, ensuring equal participation of diverse communities, bridging cultural gaps to enhance collaboration, and leveraging disaggregated data to promote health equity and informed decision-making in global health systems.



Heat Nexus Annual Convening



Dr. Sandul Yasobant from IIPHG, along with global REFLECT investigators, participated in the Heat Nexus Convening held in Cape Town, South Africa, organized by IDS, UK and the Wellcome Trust. The session featured in-depth discussions on heat exposure and adaptation techniques, emphasized the importance of global collaborations for mitigating extreme heat, and actively contributed to strengthening the REFLECT-Cool Roof project through shared insights and strategic planning.

Highlights

Research Methodology Workshop



Dr. Medha Wadhwa and Dr. Sandul Yasobant from IIPHG conducted a three-day intensive workshop on Research Methodology as part of the MDRU of ICMR-CCoE at SP Medical College, Bikaner, Rajasthan. Organized in collaboration with the CCoE, ICMR, New Delhi, the workshop equipped participants with essential skills in research proposal writing, study design, data analysis, and ethical considerations. The event's impact was further recognized through its feature in the local newspaper, emphasizing its contribution to strengthening healthcare research and promoting evidence-based decision-making.

Indo-US Conference on Climate Change Impacts on Occupational and Environmental Health

Dr. Sandul Yasobant presented on "Transforming Healthcare Facilities for Green & Climate Resilient: Intervention Experiences from Gujarat, India" at the ICMR-National Institute of Occupational Health (NIOH) in Ahmedabad. The session focused on identifying gaps in healthcare facilities' preparedness for climatic disasters, disseminating initiatives aligned with global and national frameworks to safeguard occupational and environmental health, and fostering collaborations to strengthen the climate resilience of the healthcare system.



Sathi Mentoring Program: Strengthening Healthcare Leadership



IIPHG has launched the "Sathi" Mentoring Program under the IPSI project to enhance primary healthcare service quality in Bhavnagar District. This initiative empowers Subcenter teams.



Under the Sathi Mentoring Program of the IPSI Project at IIPHG, a two-day Training of Mentors was held on 6-7 February 2025 in Bhavnagar. Led by experts from Johns Hopkins University (JHU) and IIPHG, 20 mentors were trained in external communication, team performance measurement, and performance indicators. The workshop also encouraged peer learning and reflection, enhancing mentorship and leadership in healthcare.

Workshop on NABH- Internal Auditor



The Centre for Quality Improvement and Patient Safety (QUALIPS) in Collaboration with Medigence organised a Workshop on 21st to 23rd March 2025 at IIPHG on NABH Internal Auditor -6th Edition Standards & Digital Health Standards. About 50 participants attended the workshop.

Highlights

Enhancing Supervision & Analytical Skills of Field Officers in Kutch



IIPHG's CoEN team, in collaboration with the Government of Gujarat, organized a three-day workshop in Kutch district to strengthen the supervision and analytical skills of field officers. The session was graced by the District Development Officer, Regional Deputy Director (Rajkot), Vice Chancellor of Kutch University, Program Officer, and CoEN State Team. Total 61 CDPOs and Supervisors participated in the workshop.

Understanding Anaemia and malnutrition in adolescent girls and pregnant women: Insights from our Study in Gujarat

Indian Institute of Public Health Gandhinagar and State Health System Resource Centre Gujarat collaboratively conducted a study on anaemia, malnutrition and its correlates among adolescent girls and pregnant women in five districts of Gujarat between June 2024 and January 2025. The study included 764 adolescent girls and 772 pregnant women, selected through a multistage sampling method. Data collection process included anthropometric measurement, diet diversity score, WASH index, IFA tablet adherence, anthropometric measurements and biochemical analysis of blood. The study was successfully completed and the final report with detailed findings were submitted to the Health & Family Welfare Department, Gujarat.



IIPHG Supports PM POSHAN Scheme in Mehsana District

IIPHG's Centre of Excellence on Nutrition (CoEN) team visited Untva Anupam Primary School, Kadi, and Kundal Primary School, Kadi in Mehsana District for supportive supervision under the PM POSHAN scheme. This vital initiative provides nutritious meals to primary and upper-primary school children, helping combat malnutrition and ensure healthy growth. IIPHG is proud to support this government program, strengthening health and nutrition across Gujarat.



IIPHG Assesses PHC Hadiyol for Quality Improvement



Dr. Smita Rani, NQAS External Assessor & Medical Supervisor at IIPHG, conducted a detailed assessment of PHC Hadiyol, Gujarat, evaluating service delivery, infrastructure, infection control, patient care, and data management under NQAS. IIPHG remains dedicated to improving healthcare quality through assessments, technical expertise, and training, ensuring facilities meet national standards for better health outcomes.

IIPHG Research staff Presented Research Paper

Ms. Aakansha Shukla presented research paper titled "Relationship between Handgrip Strength, Visceral Fat, Cardiovascular Disease Risk, and Glycemic Control in Diabetic Populations: A Cross-Sectional Study" at the World Congress of Diabetes, organized by Diabetes India.



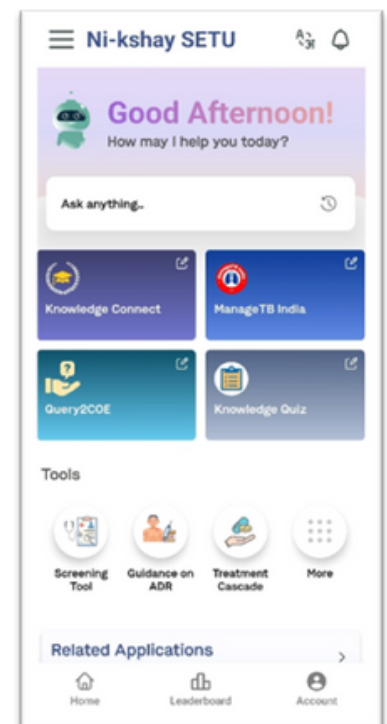
Highlights

Advancing TB Care: Launch of the Enhanced Ni-kshay SETU App

At the forefront of TB care and management, IIPHG continues to support the evolution of the Ni-kshay SETU app, which empowers healthcare providers with innovative tools and resources. A newer version of the app has been launched with enhanced features designed to strengthen the capacity of professionals tackling TB.

Key additions include an enhanced knowledge chatbot offering real-time access to updated NTEP guidelines and treatment protocols, a decision support system that aids in selecting appropriate DR-TB regimens through evidence-based recommendations, and interactive quiz-based learning modules for continuous professional development.

The app also offers faster clinical query resolution with expert-reviewed responses and ensures regular updates aligned with the latest NTEP protocols, enabling providers to deliver standardized and effective TB care.



Ni-kshay SETU recognized in WHO's Digital Health Atlas on Implementome



Ni-kshay SETU is recognized as a Digital Health Project in The Digital Health Atlas, hosted on Implementome, a global repository of digital health projects originally developed by the World Health Organization.

Implementome provides global insights on digital health implementations, fostering evidence-based decision-making and collaboration.

IIPHG team participates in Early Warning to Early Action Workshop

Dr. Shailee Patil and Dr. Ravina Tadvī from IIPHG participated in the session on "Early Warning to Early Action – A Multi-Hazard, Multi-Stakeholder Approach" at Smritivan Earthquake Museum, Bhuj, Gujarat, on March 25, 2025. The event was hosted by United Nations India and Reliance Foundation.

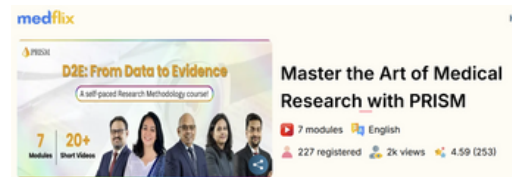
The session focused on strengthening Early Warning Systems (EWS) and Early Action (EA) through localized, multi-hazard approaches.



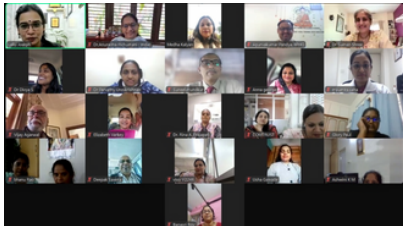
Highlights

IIPHG launches “Data to Evidence” course

IIPHG has launched “Data to Evidence” course as part of the PRISM program (Promising Researcher Scholarship & Mentorship) in association with Medflix and Pfizer.



A Continuing Education Program in Healthcare Quality Management launched!



The Centre for Quality Improvement and Patient Safety (QUALIPS), IIPHG launched an Online Certificate Program in Quality Management for Healthcare Professionals on 15th February 2025. This unique course is jointly organized by CAHO and IIPHG with an aim to empower healthcare professionals with the skills to drive quality improvement and patient safety. Total 26 participants across the country registered for the course.

Talk on the Future of Health Management at PRADANYA 2025 hosted by IIHMR

Dr. Medha Wadhwa, QUALIPS Lead was invited as a panelist in Future of Health Management Education at Pradanya 2025: Global Health Management Research Conference (GHMRC 2025), held at IIHMR University, Jaipur to talk on the role of behavioural science in shaping the next generation of health leaders. By fostering behavioral insights in health leadership, we can ensure better implementation of health policies, hospital administration strategies, and digital health innovations.



IIPHG contributes to thought-provoking discussions on "Advancing Healthcare Quality" during CAHO-Gujarat Quality Conclave 2025 at KD Hospital, Ahmedabad



Key Note Address by
Dr. Deepak Saxena



Dr. Apurvakumar Pandya
Chairing the Session on
Brilliant Failures: Working
Together, Failing Together and
Learning Together



Dr. Medha Wadhwa Chairing
the Session on Governance:
The Cornerstone of
Healthcare Quality

Prof. (Dr.) Deepak B. Saxena (Director), Dr. Apurvakumar Pandya (Assistant Professor), and Dr. Medha Wadhwa (Assistant Professor) from IIPHG had the privilege to contribute to thought-provoking discussions on "Advancing Healthcare Quality through Innovation, Excellence, and Patient Safety." Prof. (Dr.) Deepak Saxena graced the event as a Key Note Speaker.

Student Corner

Achievement at PHASECON!

IIPHG congratulates Mudita Adaniya, MPH (2023-25) student, for her stellar performance at PHASECON, PGIMER Chandigarh. She was awarded Best Speaker, emerged as the Debate Winner, and secured the Runner-up position in the Quiz Competition.



IIPHG Congratulates Dr. Prayukta Sinha, MPH (2024-26), for securing the 2nd Runner-up position in the Scientific Presentation category at PHASECON 2025, PGIMER Chandigarh!

Placements at IIPHG



Congratulations to Aakash Jaitly on TAF Fellowship Selection!

IIPHG congratulates Aakash Jaitly, MPH (2023-25), for securing a spot in the prestigious TAF Fellowship Program with Antara Foundation! Wishing him great success as he embarks on this impactful journey in public health.



Congratulations to Dr. Chetan Talekar on NHSC Fellowship!

IIPHG congratulates Dr. Chetan Talekar, MPH (2023-25), for securing a spot in the prestigious Fellowship at NHSC! Wishing him success in this incredible opportunity to contribute to public health.

Global Heat and Cooling Forum: Advancing Climate Resilience



Dr. Komal Sharma and Dr. Nidhi Bahl, Research Intern at COHERD-IIPHG, participated in the Global Heat and Cooling Forum held on March 17-18, 2025, in New Delhi. Organized by NRDC India, NDMA India, and The World Bank, the forum convened global experts to address pressing challenges related to climate change, extreme heat, and health resilience. Key discussions revolved around the heat-cooling paradox, strengthening Heat Action Plans, urban design and cooling innovations, occupational heat stress and workforce resilience, and financing climate adaptation strategies.

eCourse OHAPP Launched

COHERD-IIPHG launched an eCourse in One Health Approach for Pandemic Preparedness (OHAPP) on March 15. This three-month online program equips professionals with essential skills in zoonotic diseases, antimicrobial resistance, biosecurity, and global health security. Join us in strengthening pandemic preparedness.

Register: <https://cdl.phfi.org/portal/node/365>

Enroll Now

COHERD
Centre for One Health
Approach for Pandemic Preparedness
(OHAPP)

eCourse
in
**One Health Approach for
Pandemic Preparedness
(OHAPP)**

Duration: 3 Months
Course Fee:
Indian Candidates: ₹9,000
South Asian Candidates: \$140
International Candidates: \$350

**One Health: One Future
Be Ready: Be a Pandemic Warrior!**

Key Highlights

- Learn from Global One Health Experts
- Explore the world of One Health & risk-based approach including Global Health Strategies
- Engage in Practical field implementation case studies, interactive sessions, and self-learning

SCAN ME

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Publications

1. Yasobant, S., Tadv, R., & Saxena, D. B. (2025b). Preparedness for One Health Surveillance System: A qualitative in-depth exploration in Gujarat, India. *IJID One Health*, 100055. <https://doi.org/10.1016/j.ijidoh.2025.100055>

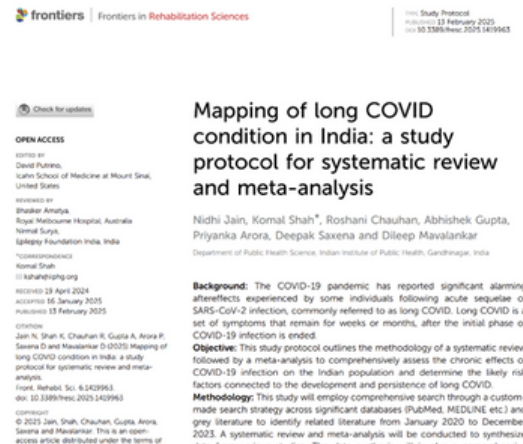


2. Yasobant, S., Lekha, K. S., Tadv, R., Solanki, B., Bruchhausen, W., & Saxena, D. (2025). COVID-19 status and utilisation of essential maternal and child healthcare services during the pandemic in Ahmedabad, India. *BMC Pregnancy and Childbirth*, 25(1). <https://doi.org/10.1186/s12884-025-07201-2>



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4. Jain, N., Shah, K., Chauhan, R., Gupta, A., Arora, P., Saxena, D., & Mavalankar, D. (2025b). Mapping of long COVID condition in India: a study protocol for systematic review and meta-analysis. *Frontiers in Rehabilitation Sciences*, 6. <https://doi.org/10.3389/fresc.2025.1419963>



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PLOS GLOBAL PUBLIC HEALTH

RESEARCH ARTICLE

What enabled the successful implementation of a quality certification initiative in Bhavnagar, Gujarat? A policy analysis case study

K. Shruti Lekha^{1,2}, Sudha Ramanji³, Harsha Joshi^{4,5}, Preet Verma⁶, Sumit Malhotra⁷, Tapasvi Purohit⁸, Chandramani Kumar⁹, Anika Shah¹⁰, Anish Sinha¹¹, Deepak Saxena¹²¹ Indian Institute of Public Health, Gandhinagar, Gujarat, India, ² Johns Hopkins India Private Limited, New Delhi, India, ³ Centre for Community Medicine, All India Institute of Medical Science, New Delhi, India, ⁴ District Health Office, Bhavnagar Jilla Panchayat, Bhavnagar, Gujarat, India, ⁵ State Health Systems Resource Centre, Gandhinagar, Gujarat, India

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OPEN ACCESS

Citation: Lekha KS, Ramanji S, Joshi H, Verma P, Malhotra S, Purohit T, et al. (2025) What enabled the successful implementation of a quality certification initiative in Bhavnagar, Gujarat? A policy analysis case study. PLOS Glob Public Health 5(1): e0004180. <https://doi.org/10.1371/journal.pglp.0004180>

Abstract

High-quality health systems are key to improving population health outcomes globally. In India, the National Quality Assurance Standards (NQAS) is a certification policy adopted by the government to improve the quality of care in public health facilities. This policy aims to assess public health facilities through a set of comprehensive, pre-defined standards derived from global best practices. However, only a small number of districts in the country have been able to effectively complete certifications as mandated. Bhavnagar, a district in the state of Gujarat in western India, is a positive deviant that has certified the majority of its primary health facilities. This study attempts to delineate factors that

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<https://doi.org/10.5530/ijcep.2024.11.2.10>

Int J Clin Exp Physiol. 2024;11(2):51-63.

<https://www.ijcep.org>

Review Article

Pathophysiology of COVID-19 in Pregnancy: A Critical Review

Monali Samir Patel¹, Komal Shah, Deepak Saxena

Indian Institute of Public Health, Gandhinagar, Gujarat, India.

ABSTRACT

COVID-19 infection during pregnancy presents a complex clinical scenario with potential implications for both maternal and neonatal health. This literature review examines the pathophysiological mechanisms underlying COVID-19 in pregnancy and its effects on the developing foetus and neonate. The infection is known to impact placenta, potentially leading to abnormalities in foetal development. Maternal immune responses, including cytokine storm and endothelial activation, contribute to the systemic inflammation observed in severe cases, which may result in adverse pregnancy outcomes such as preterm birth, preeclampsia and foetal growth restriction. Additionally, there is a risk of vertical transmission of the infection, although it appears to be rare. Neonates born to mothers with COVID-19 may experience respiratory complications and require NICU admission. Furthermore, the long-term consequences of COVID-19 infection during pregnancy on neonatal health and development, including the risk of multisystem inflammatory syndrome in child, are areas of ongoing research and require further investigation. Understanding pathophysiology of these conditions during pregnancy is crucial for developing effective management strategies and improving maternal and neonatal outcomes. Present literature review aims to provide a comprehensive overview of the reported pathophysiological mechanisms of COVID-19 infection in pregnant women and their foetus, highlighting the need for continued research and surveillance to address the gaps in knowledge

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Received: 29-01-2024;

Revised: 17-05-2024;

Accepted: 26-06-2024.

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<https://doi.org/10.1016/I.IJREGI.2024.100556>

IJID Regions 14 (2025) 100556



Contents lists available at ScienceDirect

IJID Regions

journal homepage: www.elsevier.com/locate/ijregi

Advancing tuberculosis elimination in India: A qualitative review of current strategies and areas for improvement in tuberculosis preventive treatment

Harsh Shah, Jay Patel¹, Sandeep Rai, Abhishek Sen

Department of Public Health Science, Indian Institute of Public Health Gandhinagar (IIPHG), Gandhinagar, India

ARTICLE INFO

Keywords:
Tuberculosis
Tuberculosis preventive treatment
National Tuberculosis Elimination Programme
Diagnosis
TB elimination
Latent TB infection

ABSTRACT

Tuberculosis (TB), caused by *Mycobacterium tuberculosis*, remains a global health challenge, despite being preventable and curable. The global goal to end TB by 2030, with India targeting a 90% reduction in TB incidence by 2025, demands comprehensive intervention in prevention, early detection, treatment, and capacity building. This study analyses the 2023 Global TB Report, published articles, guidelines, and data to explore India's current TB landscape. Despite progress in diagnostics and TB preventive treatment, significant challenges persist in accessibility, adherence, and treatment completion. Although advancements in household contact screening and TB preventive treatment initiation are notable, gaps in reporting, diagnostic algorithms, and adherence remain. Innovative diagnostic tools and shorter treatment regimens show promise but require more comprehensive implementation. India's strategy for TB elimination focuses on policy expansion, community engagement, and system enhancements. Continuous innovation, rigorous evaluation, and collaborative efforts are crucial to overcoming challenges and achieving TB elimination targets.

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Changing life expectancy in European countries 1990–2021: a subanalysis of causes and risk factors from the Global Burden of Disease Study 2021

GBD 2021 Europe (Life Expectancy Collaborators)^a**Summary**
Background Decades of steady improvements in life expectancy in Europe slowed down from around 2011, well before the COVID-19 pandemic, for reasons which remain disputed. We aimed to assess how changes in risk factors and cause-specific death rates in different European countries related to changes in life expectancy in those countries before and during the COVID-19 pandemic.**Methods** We used data and methods from the Global Burden of Diseases, Injuries, and Risk Factors Study 2021 to compare changes in life expectancy at birth, causes of death, and population exposure to risk factors in 16 European Economic Area countries (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, and Sweden) and the four UK nations (England, Northern Ireland, Scotland, and Wales) for three time periods: 1990–2011, 2011–19, and 2019–21. Changes in life expectancy and causes of death were estimated with an established life expectancy cause-specific decomposition method, and compared with summary exposure values of risk factors for the major causes of death influencing life expectancy.**Findings** All countries showed mean annual improvements in life expectancy in both 1990–2011 (overall mean 0.23 years [95% uncertainty interval (UI) 0.23 to 0.24] and 2011–19 (overall mean 0.15 years [0.13 to 0.16]). The rate of improvement was lower in 2019–21 than in 1990–2011 in all countries except for Norway, where the mean annual increase in life expectancy rose from 0.21 years (95% UI 0.20 to 0.22) in 1990–2011 to 0.23 years (0.21 to 0.26) in 2011–19 (difference of 0.03 years). In other countries, the difference in mean annual improvement between these periods ranged from –0.01 years in Iceland (0.19 years [95% UI 0.16 to 0.21] vs 0.18 years [0.09 to 0.26]), to –0.18 years in England (0.25 years [0.24 to 0.25] vs 0.07 years [0.06 to 0.08]). In 2019–21, there was an overall decrease in mean annual life expectancy across all countries (overall mean –0.18 years

10. Panchamia, J., Abichandani, Y., & Arora, R. (2025). Navigating the COVID-19 crisis: a study of healthcare leadership response in India and the USA. *Journal of Health Organization and Management*. <https://doi.org/10.1108/jhom-09-2024-0383>

Navigating the COVID-19 crisis: a study of healthcare leadership response in India and the USA

Jallavi Panchamia, Yogita Abichandani, Ridhi Arora

Journal of Health Organization and Management

ISSN: 1477-7266

Article publication date: 9 January 2025

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Abstract

Purpose

The COVID-19 pandemic has reignited the debate on effective leadership during a crisis. The study examined healthcare leaders' experiences, challenges and responses amid the COVID-19 crisis in India and the USA.

11. Chaudhary, S., Gadhavi, V., Chauhan, R., Garasiya, K., Saha, S., Sinha, A., & Saxena, D. B. (2025). A policy analysis of quality-of-care policy of Gujarat state, India. *Discover Health Systems*, 4(1), 29.

Discover Health Systems

Research

A policy analysis of quality-of-care policy of Gujarat state, India

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Received: 13 December 2024 / Accepted: 10 March 2025
Published online: 24 March 2025
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Abstract

Background Ensuring high-quality healthcare services is crucial. In low- and middle-income countries, poor-quality care is estimated to cause 5.7 to 8.4 million deaths annually, accounting for approximately 15% of all deaths. Also, it becomes impossible to achieve the desired health outcome without quality healthcare services. In this context, the need for a comprehensive Quality of Care (QoC) policy tailored to specific geopolitical context has been emphasized world-wide. This study aimed to analyse the Gujarat Quality of Care Policy to understand and document the policy's development process, its content, and implementation.

Methods and materials This qualitative study includes two tracks: (1) A narrative synthesis of QoC Policy analysis using the READ approach, combined with a review of office records, to explore its development and understand the strategy's background. (2) In-depth interviews with stakeholders to gather insights on the policy's content, key drivers, barriers, and challenges in its development and state-level implementation.

Results The Gujarat QoC Policy was initiated with stakeholder mapping involving a diverse, multi-sectoral group. It was guided by the World Health Organization National Quality Policy and Strategy (WHO-NQPS) and Lancet's Global Health Commission's High-Quality Systems Frameworks. The policy content was shaped by priority needs, identified gaps, and core elements of quality of care. It addressed interventions at micro, meso, and macro levels, categorizing indicators into input, process, output, and outcome.

Conclusions Gujarat's Quality of Care Policy adopts an evidence-based approach with extensive stakeholder engagement. Broader inclusion of key actors could strengthen its impact. Successful implementation depends on adequate resources.

12. Joshi, A., Mohan, S. K., Pandya, A. K., Grover, A., Saggu, S. R., Revathi, S. K., & Sharma, S. (2025). Digital Health Intervention (SANGYAN Podcast) to Enhance Knowledge Related to COVID-19 and Other Health Conditions: Protocol for an Implementation and Evaluation Study. *JMIR research protocols*, 14, e41175. <https://doi.org/10.2196/41175>

JMIR RESEARCH PROTOCOLS

Joshi et al

Protocol

Digital Health Intervention (SANGYAN Podcast) to Enhance Knowledge Related to COVID-19 and Other Health Conditions: Protocol for an Implementation and Evaluation Study

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Open Access Original Article

Women's Experiences With Maternity Care in Public and Private Healthcare Facilities in Western India: A Community-Based Cross-Sectional Study

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Abstract

Introduction: Quality improvement interventions for maternal healthcare services are often designed without input from women. Exploring women's childbirth experiences provides a unique understanding of care received in healthcare facilities. This study aimed to investigate women's childbirth experiences in Western India, with an objective to inform the development of woman-centered quality improvement interventions.

Methods: Data were collected from 186 postnatal women who delivered their babies at public or private healthcare facilities. A standardized tool, adapted from the respectful maternity care (RMC) charter, was used to assess women's experiences of care during childbirth.

13. Bogren, M., Jha, P., Sharma, B., & Erlandsson, K. (2025). Evaluating a midwifery leadership programme: a process evaluation study. *Women and Birth*, 38(1), 101853. <https://doi.org/10.1016/j.wombi.2024.101853>



Original research

Evaluating a midwifery leadership programme: a process evaluation study

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ARTICLE INFO

Keywords:
Implementation science
Midwifery education
Leadership
Process evaluation
South East Asia

ABSTRACT

Background: Despite global support for midwifery leadership investment, there is a notable lack of scientific evaluations of leadership programmes worldwide for midwives. The Government of India's Midwifery Initiative launched the Midwifery Leadership Programme to enhance the leadership capacity of state-level midwifery leaders.

Aim: To evaluate the Midwifery Leadership Programme in India using implementation science as a framework. **Methods:** A qualitative research design using the UK Medical Research Council guidance for process evaluation of a 12-week midwifery leadership programme in India. Data were collected through focus group discussions (n=6) with midwives and medical doctors, who have responsibility in maternal and child health services, midwifery education, practice and regulation, and individual interviews (n=3) with programme directors and a government representative, resulting in an individual participant total of 22. Transcribed discussions were analysed guided by an evaluation framework, using content analysis.

Results: The midwifery leadership programme was successfully implemented in terms of fidelity, dose, and reach, with continuous adaptation. Having the programme's design, structure, and content tailor-made for the Indian context was valued highly. Easy-to-follow assignments led to state-level action plans, while participants' motivation and improved communication skills enhanced leadership capacity.

Conclusions: This study demonstrates the utility of a process evaluation framework in evaluating midwifery education programmes, using the Midwifery Leadership Programme in India as an example. It is recommended

14. Joshi, A., Mohan, S. K., Pandya, A. K., Grover, A., Kaur, H., Gupta, M., Aurora, H., & Bhatt, A. (2025). HEAL (Healthy Eating and Active Living): To improve health and well-being of individuals by addressing social, economic and health inequities: Protocol for a cohort study (Preprint). *JMIR Research Protocols*, 14, e41169. <https://doi.org/10.2196/41169>

JMIR RESEARCH PROTOCOLS

Joshi et al

Protocol

Improving the Health and Well-Being of Individuals by Addressing Social, Economic, and Health Inequities (Healthy Eating Active Living): Protocol for a Cohort Study

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Abstract

Background: Health inequity is interlinked with the good health and well-being of an individual. Health inequity can be due to various socioeconomic factors like income levels or social status. Digital health interventions have the potential to reduce the existing health inequities.

Objective: This study aims to identify determinants of social, economic, and health inequity in diverse settings to enhance healthy eating and active living. It further aims to design and develop a digital health intervention HEAL (Healthy Eating Active Living) that incorporates a human-centered design framework in order to improve healthy eating and active living among rural and urban populations in Gujarat, West India, India.

15. Raval, H., Puwar, T., Patel, N., Pandya, A., Rana, A., Koria, B. D., ... & Rana, A. G. (2025). Women's Experiences With Maternity Care in Public and Private Healthcare Facilities in Western India: A Community-Based Cross-Sectional Study. *Cureus*, 17(4).

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16. Pandya, A., Dave, K., Desai, S., & Desai, G. (2025). Perceptions of patients and stakeholders on a prenatal sickle cell disease screening and its results among tribal populations of Gujarat: a participatory mixed-method research. *Journal of Community Genetics*.
<https://doi.org/10.1007/s12687-025-00768-5>

Perceptions of patients and stakeholders on a prenatal sickle cell disease screening and its results among tribal populations of Gujarat: a participatory mixed-method research

Research | Published: 21 January 2025
 (2025) [Cite this article](#)

Apurvakumar Pandya  Kapil Dave, Shrey Desai & Gayatri Desai

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Magazine Articles

1. Wadhwa M, & Pandya A. Tele-Health Sustaining Marketing Strategies: Now or Never. AHMP Ascent. March-25.

Tele-Health Sustaining Marketing Strategies: Now or Never

Post-pandemic, if anything has seen significant growth, it's telehealth. Research indicates that the use of telehealth has increased 38 times since the COVID-19 pandemic. The comprehensive utilisation of various healthcare services witnessed a boom followed by a stable trend. People's perception of telehealth services changed, and trust developed toward healthcare providers they had never met in person. This shift calls for telehealth providers to develop sustainable marketing strategies to strengthen their reach. Let's explore how telehealth providers can achieve this.

Different Strategies for Strengthening Telehealth Services

1. Frequent Visits: Video consultations by healthcare providers can help reach patients at their doorstep. Adopting different models, including hybrid approaches, can be key to building a strong connection with service seekers. These video visits should have a clear objective and be structured to sustain patient interest.

2. Creating Informative Content: Utilize marketing analytics to understand patient expectations by monitoring your data or third-party data. This will aid in recognizing patient concerns more deeply, enabling the creation of educational and

Regardless of the strategies used, the crux remains in being empathetic and understanding the patient's pain—even virtually.

Lessons from Successful Telehealth Providers in India

Successful telehealth providers in India, such as Practo, Mfine, Tata Health, DocsApp (MediBuddy), 1mg, Apollo 24|7, Portea, Lybrate, CalHiHealth, and Medilife (PharmEasy), have employed various strategies to sustain and grow their services:

These platforms have effectively integrated technology and machine learning to personalise services and enhance service delivery. Diversification is key—offering a one-stop solution builds trust and encourages long-term engagement.

Vertical and horizontal collaborations with hospitals, clinics, pharmacies, and corporations help expand their reach. Personalisation of services bridges the gap that would otherwise be difficult to address in virtual healthcare.

Enhanced user experience and accessibility through user-friendly interfaces, multilingual support, and localised services ensure inclusivity. These strategies collectively ensure the sustainability and success of telehealth providers in India, enabling them to offer accessible, efficient, and high-quality healthcare services to a vast population. The key takeaway is to learn from existing players and build an ecosystem powered by technology but driven by human values—which still remain



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Dr. Apurvakumar Pandya, Co-Lead, Centre for Quality Improvement and Patient Safety, Indian Institute of Public Health Gandhinagar

2. Pandya A, & Wadhwa M. Bullseye Marketing: How Behavioural Targeting hits the mark in Healthcare campaign. AHMP Ascent, Healthcare Marketing Digest. March-25.

Bullseye Marketing: How Behavioural Targeting Hits the Mark in Healthcare Campaigns

In today's times, where every individual seeks personalisation and customisation of services according to their needs, imagine a healthcare marketing landscape where you are bombarding everyone with the same message. Instead, you have a direct, personalised conversation with each patient group. This pinpoint accuracy is the magic of behavioural targeting in healthcare campaigns. With the help of behavioural targeting, you can create audience segmentation according to their preferences. So let's understand different nuances of behavioural targeting in Marketing.

What is Behavioural Targeting in Healthcare?

Behavioural targeting is seen in patients and healthcare providers, where the browsing history is tracked to identify common interests. The use of these analytical tools helps identify the user according to a demographic and psychographic profile. The demographics include patient information such as age, location, gender, income, education, occupation, etc. Psychographics are deeper and reveal subjective aspects of a person, which include interests, values, lifestyles, personality traits, attitudes, opinions, etc. This can help in preparing tailor-made campaigns to create compelling user messages.

Hitting the Mark: Personalization with Patient Data

by advertising their USP's in the area of newborn vaccination or nutrition. Personalised emails can be sent for a deeper patient engagement, reinforcing an individual to seek the recommended services. And it's Done! This can also be used to identify the tone, vocabulary, communication style and demographic information of the users, which can be used to send these personalised messages.

What are the benefits?

- A. The healthcare provider is able to identify the right audience who are interested in the services, hence the likelihood of seeking further information increases.
- B. Constructive engagement of audience
- C. Targeting audience reduces wasted marketing spend by focusing on individuals genuinely interested in services.
- D. The data can be used to identify preferred languages for messaging, ensuring inclusivity and better reach within the diverse population.

Behavioural targeting requires an ethical consideration. While behavioural targeting offers immense benefits, it's crucial to prioritise data privacy and ethical concerns. Transparency in data collection and usage is essential. Patients should have control over their data and should be provided opt-out options. Furthermore,

healthcare marketing should not harm patients by making misleading claims or disseminating misinformation. Patient safety needs to be central to behavioural targeting for healthcare marketing.

Let us provide an example to explain the strategies for Behavioural targeting. Conduct in-depth patient behaviour research. This shall help identify the patients with their online behaviours and preferences, which will lead to resonating at a personal level with patients and healthcare providers.



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Ms. Riddhi Solanki is the winner of the Health Palooza for edition 07 of IIPHG Newsletter.!



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