Report

**Expert Consultation to Review the Design of
India Health Policy & Systems Research Fellowship Program
24th June 2020**

Contact

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Executive Summary

Strengthening health systems requires a system thinking lens & an acknowledgement of complexity in bringing about people-centric transformational change. Approaches that integrate these are often lacking due to limited capacity in public health research institutions and the community to apply a health systems lens using state-of-the-art public health and social science research methods. Health Systems Transformation Platform (HSTP) & Institute of Public Health (IPH), Bengaluru envisage a fellowship program to improve the capacity for health policy and systems research (HPSR) in India. A team of researchers from both these organizations consulted Indian and global HPSR experts to put together a draft fellowship program, structure, and curriculum. In June 2020, thirty HPSR practitioners participated in the expert consultation to review the program and provided their expert advice.

Experts reinforced the need for this fellowship in India. Discussion echoed the efforts required for nurturing this program and for it to be framed according to the Indian context and local needs. Experts believe a nonlinear approach to HPSR is beneficial. Considering multidisciplinary nature of HPSR, fellows selected should represent diverse disciplines of public health & health systems research including professionals with experience in policy interface & program implementation. Fellows should be oriented to complexities & dynamic nature of the health systems, role of health systems stakeholders with focus on policymakers & community, public health ethics, policy analysis framework & tools. Use of Indian illustrative examples/ case studies, role play/ simulations, peer-to-peer learning were emphasised. Learnings from HPSR training courses in LMICs show that a demand driven and participatory approach through involvement of governments and other key stakeholders at state/ local level ensures sustainable development of HPSR discipline and advocate an evidence-based approach to reform.

Based on inputs received from this consultation, the team will work with guidance from key HPSR experts to revise the program. An action plan for process of redesign will be developed including the use of a conceptual framework consisting of key program elements, content, and pedagogy. This analysis across multiple levels of the proposed program (curriculum, content, mentorship, online teaching, and pedagogy) will be finalised in the coming months.

HSTP and IPH will engage with stakeholders frequently and explore arrangements with governments, Indian and global public health schools to collaborate on this initiative. This spirit of collaboration and knowledge exchange is at the core of HSTP's values.
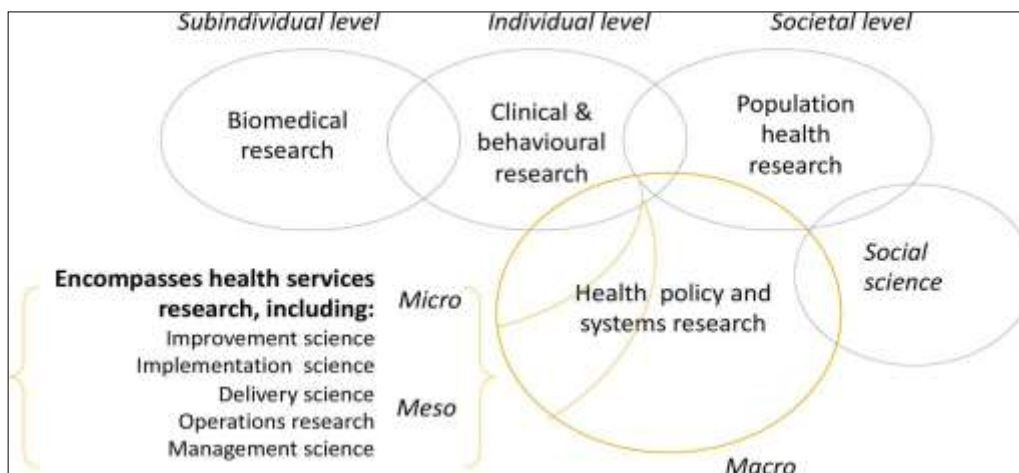
Dr Maharaj Kishan Bhan, HSTP's pillar of strength, continues to inspire our work. We are grateful to the HSTP Board for their support & HPSR practitioners who provided expert guidance. Special thanks to the efforts of both HSTP (Rajeev Sadanandan, N Devadasan, Rahul Reddy, Vivek Panwar) and IPH Bengaluru (Upendra Bhojani, Prashanth NS, Dorothy Lall, Kranthi Vysyaraju, Sumegha Asthana, Harish H N, Pramod Kumar, Praveen Rao, Mahesh Kadammanavar and Yogin Gowda). Thanks to the rapporteurs for their succinct summary of the breakout sessions.
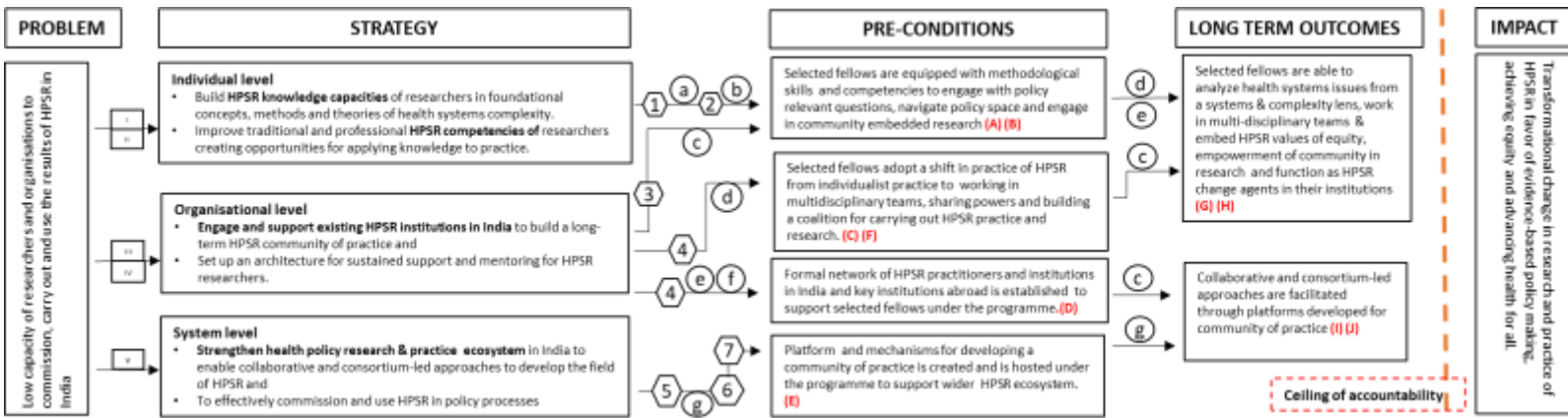
Overview

Health Policy & Systems Research (HPSR) is an emerging field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. It is inter-disciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health. There is limited capacity to use this research approach in India. Health Systems Transformation Platform (HSTP), in collaboration with Institute of Public Health (IPH), Bengaluru is working towards launching the 'India HPSR Fellowships Program' to meet this need. The India HPSR Fellowship program seeks to provide a high-quality blended training program for mid-career Indian researchers and develop opportunities for continuous learning, peer engagement & support transformational change in the HPSR ecosystem in India.

The fellowship program and curriculum are being designed by the HSTP - IPH Bengaluru team in consultation with several HPSR experts based on their experience of health systems in India & other LMICs, at research and policy levels as well as experience in teaching research methods.

An early draft of the theory of change (ToC) articulates how the course design, content and components are expected to achieve the outcomes of the training. Mid-level career professionals (fellows) with an interest in HPSR are selected and provided training to conduct HPSR. Fellows would be able to frame relevant HPSR questions and prepare proposals to obtain a research grant and complete their research study. This blended training along with active mentoring/ coaching support throughout the course enables fellows to learn by doing. One of the key assumptions of the program involves bringing together experience of diverse disciplines, and stakeholders to create a vibrant peer-to-peer learning. The goal is to develop HPSR practitioners who continue to learn and foster dialogue with stakeholders creating the required HPSR ecosystem for healthy India. (details in next page)

Source: Pratt et. al. (2020) Justice: a key consideration in health policy and systems research ethics. BMJ Global Health

Theory of Change

PROBLEM

Low capacity of researchers and organisations to commission, carry out and use the results of HPSR in India

STRATEGY

Individual level
- Build **HPSR knowledge capacities** of researchers in foundational concepts, methods and theories of health systems complexity.
- Improve traditional and professional **HPSR competencies of** researchers creating opportunities for applying knowledge to practice.

Organisational level
- **Engage and support existing HPSR institutions in India** to build a long-term HPSR community of practice and
- Set up an architecture for sustained support and mentoring for HPSR researchers.

System level
- **Strengthen health policy research & practice ecosystem** in India to enable collaborative and consortium-led approaches to develop the field of HPSR and
- To effectively commission and use HPSR in policy processes

PRE-CONDITIONS

Selected fellows are equipped with methodological skills and competences to engage with policy relevant questions, navigate policy space and engage in community embedded research **(A) (B)**

Selected fellows adopt a shift in practice of HPSR from individualist practice to working in multidisciplinary teams, sharing powers and building a coalition for carrying out HPSR practice and research. **(C) (F)**

Formal network of HPSR practitioners and institutions in India and key institutions abroad is established to support selected fellows under the programme.**(D)**

Platform and mechanisms for developing a community of practice is created and is hosted under the programme to support wider HPSR ecosystem. **(E)**

LONG TERM OUTCOMES

Selected fellows are able to analyze health systems issues from a systems & complexity lens, work in multi-disciplinary teams & embed HPSR values of equity, empowerment of community in research and function as HPSR change agents in their institutions **(G) (H)**

Collaborative and consortium-led approaches are facilitated through platforms developed for community of practice **(I) (J)**

Ceiling of accountability

IMPACT

Transformational change in research and practice of HPSR in favor of evidence-based policy making, achieving equity and advancing health for all.

RATIONALE
I. Evidence on low HPSR capacities in Indian researchers as reflected in publication outcomes.
II. Evidence on role of grants (for production of original research) in building individual HPSR capacity.
III. Evidence on lack of organisational support for researchers as one of the main reasons for low production of HPSR work.
IV. Evidence on role of networking with colleagues in other organisation and national settings in building individual HPSR capacity.
V. Evidence on gathering all stakeholders who hold pieces of relevant knowledge for successful policies.

ASSUMPTIONS
a. Right mix of mid-career research fellows (from diverse disciplinary & professional backgrounds, belonging to different sector & levels of health systems in India) is selected.
b. Uninterrupted delivery of blended learning plan is maintained.
c. Collaborations with selected HPSR practitioners and institutions for supporting the selected fellows are established.
d. Effective grouping and professional bonding among fellows, supervisors and mentors is created.
e. Fellows, supervisors and mentors remain motivated and are able to devote the time required by the programme.
f. Role and expectation from fellows, supervisors and mentors are clearly communicated and accepted by them.
g. Inherent tensions in HPSR arising from power hierarchies between different actors in the health systems are managed.

MONITORING INDICATORS
A. 75% of the fellows score more than 60% score in all assessments designed to test knowledge of HPSR concepts, methods and theories during the online phase.
B. 50 % of the fellows score above 75% in all assignments during the online phase to be eligible for seed grant.
C. 80% of research protocols developed by fellows show components of multidisciplinary, collaborative and embedded HPSR research.
D. 80 % of the selected institutions and practitioners accept the proposal to collaborate with the fellowship programme.
E. Online platform and in person convening plans for developing a community of practice is developed.
F. 80% of the fellows start planned HPSR practices in their organisations after completion of online phase.
G. 80% of the fellows who started the planned HPSR activities in their organisation continue to do so over next 12 months
H. 80% of the fellows are able to complete an original research project as per requirements of the programme.
I. 60% of the identified stakeholders become members of the platforms created for developing the community of practice for HPSR.
J. 50% of these members participate in 70 % of the planned meetings and discussions over a period of 12 months

INTERVENTIONS

Individual
1. Long-term HPSR fellowship programme is delivered to selected 20 mid-career research fellows, designed as blended learning model (mix of 3 months of e-learning, 2 weeks of face to face training & 12 months project implementation support with contact classes held in field during project implementation) for building HPSR knowledge capacities & practice competencies.
2. Seed grant is provided for implementing an original research project in collaboration with supervisors from host organisations, for applying knowledge to practice.
3. Expert mentorship is provided to selected fellows throughout the programme.

Organisational
4. Collaborations with key HPSR institutions in multiple regions in India are developed for teaching and supervising selected fellows.
5. Partnerships are established with existing HPSR networks and informal groups in India for mentoring the fellows.

Ecosystems
6. Consortium of HPSR institutions is built in multiple regions in India and key HPSR institutions abroad for exchange of HPSR knowledge.
7. Structured mechanisms are created for convening wider HPS practitioners in India through online platforms and conferences to develop a community of HPSR practice.
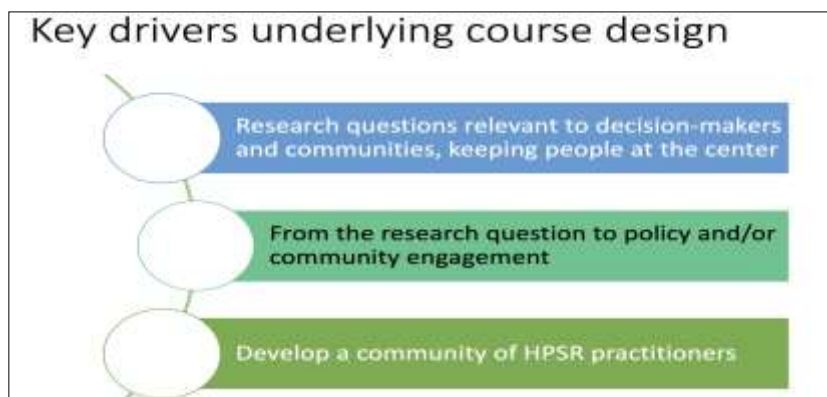
Objectives

An expert consultation was conducted on 24 June 2020 (1.30 to 5.00 pm IST). The objective of the consultation was to review the India HPSR Fellowship program design, structure, curriculum, and pedagogy. The participants were Indian and global researchers & HPSR practitioners from leading universities and research institutions. In addition, people active in raising the profile of HPSR globally including the WHO Alliance for Health Policy and Systems Research, Health Systems Global and policymakers with experience of working with researchers and practitioners also participated. Subsequent consultations will be widened to include a greater diversity of professionals and organizations in government, academia, and civil society. A total of **61 participants** attended the consultation, including experts and invited observers. The proposed program design, structure, and curriculum for the consultation was shared in advance to facilitate in-depth discussions during the consultation.

The three-and-a-half-hour expert consultation was structured as below: (See the Agenda)

1. After the opening remarks by representatives of HSTP and IPH Bengaluru, the context and overview of the proposed fellowship program was presented.
2. A panel discussion was conducted with experts instrumental in building the field of HPSR and conducted HPSR training programs in other settings. This session intended to learn from their experiences in HPSR practice, identify gaps in the proposed curriculum and seek inputs for the overall direction of the program. The session allowed for questions/ comments from the larger audience.
3. Four parallel theme-based sessions were organised to review proposed content: quantitative approaches in HPSR, qualitative and social science research approaches, pedagogy, and policy & practice. Each session was a group discussion with 4-5 experts in the field, a facilitator, and a rapporteur.
4. In the concluding session, rapporteurs summarized the discussions in theme-based sessions.

Proceedings

- **Opening remarks** by *Mr Rajeev Sadanandan (CEO, HSTP) & Dr Upendra Bhojani (Director, IPH Bengaluru)* emphasized stakeholder consultation is key to designing the program, understanding expectations, and learning from experiences elsewhere. Collaboration and dialogue are at the core of this work and the team is exploring partnerships with governments and all relevant institutions to strengthen this program.

- **Overview of the fellowship** was presented by *Dr N Devadasan (Technical Advisor, HSTP), Dr Prashanth N Srinivas (Assistant Director, Research, IPH Bengaluru) & Dr Dorothy Lall (Assistant Director, Education, IPH Bengaluru).* They introduced intent of the proposed program, its blended structure (involving online and face-to-face components along with mentoring through contact sessions), post-fellowship engagement to anchor a thriving HPSR ecosystem in India. The program is designed with a learner-centred pedagogy. Backward design was used to develop the content where learning outcomes were identified and these guided curriculum design process.

- **The program aims to** train 20 Indian mid-career researchers with relevant post-graduate qualification or comparable experience. The current expectation is that the candidates applying for the program shall have considerable experience and training in a discipline within public health research. The key drivers of the course design are given in the figure below.

- **Focus is on a blended learning approach**, beginning with *online learning phase* followed by *face-to-face training* and research grant phase with active *mentoring support.* The entire duration of the program is 15-18 months. An online learning platform will be used through all the three phases. Learning activities shall range from short recorded lecture videos to interactive activities for application of learned concepts. Implications of the program lie in creating a HPSR community of practice across multiple professionals, groups, and research institutions.

- **Upon completion of training**, HPSR fellows are expected to have the abilities to address complex health systems problems by framing policy-relevant and demand-driven research questions, appreciate multiple perspectives and disciplinary approaches to address the research question, synthesize and support evidence for policymaking, and assess the impact of implementation.

Key drivers underlying course design

- Research questions relevant to decision-makers and communities, keeping people at the center
- From the research question to policy and/or community engagement
- Develop a community of HPSR practitioners

Panel Discussion

Scope & Relevance of HPSR Fellowship Program in India

Panellists:
- Abdul Ghaffar, Executive Director, WHO Alliance for HPSR (Switzerland),
- Barbara McPake, Director, Nossal Institute of Global Health (Australia),
- Kara Hanson, Professor of Health System Economics, London School of Hygiene & Tropical Medicine (UK)
- Keshav Desiraju, Former Secretary of Health, GoI (India),
- Wim Van Damme, Professor, Institute of Tropical Medicine (Belgium)

Respondents:
- Lucy Gilson, Head, Health Policy & Systems Research, University of Cape Town (South Africa)
- John Porter, Professor, International Health, London School of Hygiene & Tropical Medicine (UK)

Moderator: Prashanth N Srinivas, Assistant Director (Research), IPH Bengaluru (India)

- **Experts appreciated the initiative** being developed & emphasised that for larger impact, training should be contextualised to deepen the understanding of health systems and policy space in India. **'Policy'** in Health Policy & Systems Research requires focus through training on policy analysis tools, mentorship by policymakers & implementers creating opportunities for interacting with policy interface. Impact of research on policy or community was highlighted as a superior output than mere research publications.

- **Attributes of fellows to be trained** were highlighted. A multidisciplinary pool of fellows could maximize peer learning and appreciate the fundamental nature of HPSR during their fellowship journey. Candidates working as clinicians, public health professionals in the policy interface or program implementation could add value.

- **Curriculum should reflect the Indian health systems and policy context** with case studies and relevant examples in Indian settings, while borrowing lessons learned elsewhere. A conscious effort should be made for a person-centric design, creating opportunity and space for peer learning and HPSR community building among fellows, experts, and mentors.

- **To provide an in-depth experience**, it was suggested to include specific HPSR methods customized to fellows' needs. Experts commended the exploratory and explanatory lenses of research included in the curriculum and suggested expanding the evaluative lens further, in line with strengthening critical review and evaluation of health policies. An understanding of impact evaluation, challenges of attribution, contribution and relationships between policy and outcomes can orient the researcher in appreciating demand-driven & participatory research.

- **Innovative teaching methods** are required in HPSR training to address the challenge of unlearning traditional linear thought process and adapting systems thinking and complexity.

- **Collaboration with governments** & various research/ academic institutions was suggested as a strategy for sustained institutional capacity building.

Break-out Sessions
Summary of Discussions

Four parallel sessions with 4-5 experts each were organized for a detailed program review. Sessions were chaired by Indrani Gupta (quantitative approaches), Sundari Ravindran (qualitative and social Science approaches), Govert Van Heusden (pedagogy) and Rajeev Sadanandan (policy and practice). A summary of discussions is presented here:

- **Course design, structure, and outputs**: Experts highlighted the underlying values of any HPSR training (ethics, equity, dignity, trust, respect, acknowledgement of tacit knowledge, experiential learning) and reinforced the need to incorporate them into the fellowship program framework. Focus on policy and community engagement components was emphasised. The program should integrate a non-linear approach to framing a research question in the online phase to methodologies, proposal writing in the face to face phase and then into policy impact and community engagement during the mentorship and contact sessions. Including systems thinking, public health ethics and policy into the framework of the program was deemed essential. Though peer-reviewed publications are necessary, diversification of the course outputs is required.

- **Course duration**: It was suggested to re-consider the duration of the fellowship to be able to strike an appropriate balance between fellows' professional engagements and time spent on fellowship activities. The breadth of methods proposed to be taught may require more time than is currently planned, therefore, a specializations track could be considered that would make the timeline more realistic.

- **Participant selection**: One of the key recommendations in this theme was to aim for a diverse participant pool to integrate peer-learning capabilities into the program. A mix of disciplines along with few candidates from non-research experience relevant to strengthening health systems could be considered. Such a pool would enable rich peer learning. Also, considering the time and effort, it was recommended that the HPSR research taken up by fellows should be along the line of their work to sustain motivation and interest throughout the program.

- **Mentorship & Contact Sessions:** Experts suggested mentorship is key to the program and should be well-structured and detailed out. Engaging mentors early in the program guides fellows to imbibe concepts better. Mentorship plays a key role in developing an understanding of the problem, its historical context, and the complexity. Mentors should be from diverse backgrounds, including civil society organisations or activists who bring in these perspectives.

- **Content:** Specific suggestions were made to include secondary data analysis, applied epidemiology, qualitative methods, reflexivity, evidence synthesis, narrative synthesis, or new ways of framing evidence that is better adapted to the local policy/implementation context and ability to put forth an argument effectively. Focus on interdisciplinarity and the ability of fellows to understand the limits of their primary research discipline and openness to other methods was emphasised.

Break-out Sessions
Summary of Discussions

- **Pedagogy:** Specific learning/teaching methods such as peer-to-peer engagement and group learning are essential to emphasise policy engagement and identify appropriate theoretical frameworks. Learning approaches such as role-plays, case studies, simulations, debates, and discussions right from the online phase through the research grant phase help to reflexively analyse positionality of the evidence generated and understand its relevance to diverse stakeholders. It is helpful if policy makers, health professionals, frontline workers and other stakeholders are brought into the course to co-teach or interact with the fellows.

- **HPSR Core Competencies:** Competencies important in HPSR such as reflexivity, complexity, systems thinking, participatory research approaches and the ability to engage with alternative viewpoints on the topic of research were highlighted. In line with achieving these, content and learning activities related to epistemology and self-reflection needs to be developed. Stakeholder analysis, power of coalitions, policy influencers and ability to analyse complex and evolving relationships help in understanding the policy interface. There is a need to create a strong foundation of ethics & values underlying HPSR to shape the research question and approaches.

- **Institutions and partnerships:** It is necessary to create institutional networks and partnerships to support the fellowship and co-create content specific to the Indian context. Also, this creates opportunities for fellows to be engaged in Health Policy & Systems Research in collaboration with health systems stakeholders.

Next Steps

In the closing remarks, Dr Rahul Reddy, National Co-ordinator, HSTP, expressed that this expert consultation is a great beginning for all the HPSR stakeholders to connect. HSTP and IPH Bengaluru will herein engage with stakeholders frequently and explore arrangements with governments, Indian and global public health schools to collaborate on this initiative. This spirit of collaboration and knowledge exchange is at core of HSTP's values. Dr Maharaj Kishan Bhan who has been a pillar of strength for HSTP and continuous be an inspiration. He believed that enhancing capacities of stakeholder's is key to transforming Indian health systems. Only then would home grown solutions to local challenges yield sustainable results. HSTP is developing capacity building initiatives to suit each of the stakeholder groups. This fellowship is for researchers, one of the key stakeholders who are to be nurtured, trained in recognizing windows of opportunity, and provided a platform to advocate for change.

- The plan is to launch the course within this year. Health policy and systems research training program requires rigour in content development, careful planning, and passionate implementation.
- Inputs received from this expert consultation will be used to revise the program design structure and curriculum, and an action plan document will be developed.
- A second expert consultation is planned to be held in August 2020 with a group of 6-8 HPSR practitioners to further fine-tune the structure and design of the program and its curriculum.
- The final design document will be prepared based on the recommendations of this group, which will further undergo another round of independent review for content and pedagogy.

Agenda
Video Conferencing Platform
24 June 2020, 1:30 PM - 4:45 PM (IST)

1:30 – 1:40	**Welcome Address** • Rajeev Sadanandan, CEO, HSTP • Upendra Bhojani, Director, IPH Bengaluru
1:40 – 2:10	**Overview of the Fellowship** • N Devadasan, Technical Advisor, HSTP • Dorothy Lall, Assistant Director, Education, IPH Bengaluru • Prashanth NS, Assistant Director, Research, IPH Bengaluru
2:10 – 2:55	**HPSR Fellowships Program in India: A panel discussion** *Panellists:* • Abdul Ghaffar, Executive Director of WHO Alliance for HPSR (Switzerland), • Barbara McPake, Director at Nossal Institute of Global Health (Australia), • Kara Hanson, Health System Economics, LSHTM (UK) • Keshav Desiraju, Former Secretary of Health – MoHFW, GoI (India) • Wim Van Damme, Professor, Institute of Tropical Medicine Antwerp (Belgium) *Respondents:* • Lucy Gilson, Head, HPSR, University of Cape Town (South Africa) • John Porter, Professor, International Health, LSHTM (UK) *Moderator*: Prashanth N Srinivas, Assistant Director, Research, IPH Bengaluru
2:55 – 3:00	**Break**
3:00 – 3:45	**Thematic Breakout sessions**
	Quantitative Approaches • Indrani Gupta, Health Policy & Research Unit, Institute of Economic Growth (Chair) • Shanker Prinja, Additional Professor, PGIMER, Chandigarh • Giridhar Babu, Professor & Head, Life course Epidemiology, PHFI • Shaktivel Selvaraj, Director, Health Economics, Financing & Policy, PHFI • Krishna Rao, Associate Professor, Johns Hopkins Bloomberg School of Public Health • Dorothy Lall, Assistant Director, Education, IPH Bengaluru (Facilitator) • Vijayashree Yellappa, Senior Specialist, HSTP (Rapporteur)
	Qualitative & Social Sciences Research Approaches • Sundari Ravindran, Shree Chitra Tirunal Institute of Medical Science & Technology (Chair) • Asha George, Professor Health Systems, University of Western Cape • Bruno Marchal, Associate Professor & Head, Health Systems, ITM Antwerp • Sara Van Belle, Associate Professor, ITM Antwerp • Prashanth NS, Assistant Director, Research, IPH Bengaluru (Facilitator) • Sukanya Mohanty, Consultant, IPH Bengaluru (Rapporteur)
	Pedagogy • Govert Van Heusden, Academic Coordinator, ITM Antwerp (Chair) • Carlos Kiyan, e-Learning Coordinator, ITM Antwerp • Marjan Pirard, MPH Course Coordinator, ITM Antwerp • Diljith Kannan, Manager EdTech, IIM Bengaluru • Kranthi Vysyaraju, Program Coordinator IPH Bengaluru (Facilitator)

	• Garima Pathak, Senior Specialist, HSTP (Rapporteur)
	Policy & Practice
	• Rajeev Sadanandan, CEO, HSTP (Chair)
	• Rajani R Ved, Executive Director, National Health Systems Resource Centre
	• Upendra Bhojani, Director, IPH Bengaluru
	• Rakhal Gaitonde, Professor, Shree Chitra Tirunal Institute of Medical Science & Technology
	• Devaki Nambiar, Head - Health Systems & Equity, The George Institute for Global Health
	• N Devadasan, Technical Advisor, HSTP (Facilitator)
	• Pragati Hebbar, PhD Scholar, IPH Bengaluru (Rapporteur)
3:45 – 3:50	**Break**
3:50 – 4:35	**Closing Plenary: Summary of Breakout Sessions by Rapporteurs**
4:35 – 4:45	**Closing Remarks** Rahul Reddy, National Coordinator, HSTP

Participants

Name	Designation	Organization/ Affiliation
Abdul Ghaffar	Executive Director	Alliance for Health Policy and Systems Research, WHO
Amiti Varma	Research Associate	Institute of Public Health, Bengaluru
Anuska Kalita	Research Scientist	Harvard School of Public Health
Arun Nair	Sr Technical Consultant	ACCESS Health International
Asha George	Professor	School of Public Health, University of Western Cape
Barbara McPake	Professor	Nossal Institute for Global Health, University of Melbourne
Bruno Marchal	Associate Professor	Institute of Tropical Medicine, Antwerp
Carlos Kiyan T	E-learning Coordinator	Institute of Tropical Medicine, Antwerp
Chandra Shekar K	Team lead	Institute of Public Health, Bengaluru
Devaki Nambiar	Program Head	George Institute for Global Health
Diljith Kannan	Manager EdTech	Indian Institute of Management, Bengaluru
Dorothy Lall	Faculty	Institute of Public Health, Bengaluru
Faustin Chenge	Lecturer	School of Public Health, University of Lubumbashi
Garima Pathak	Senior Specialist	Health System Transformation Platform
Giridhar Babu	Professor	Public Health Foundation of India
Govert van Heusden	Academic Coordinator	Institute of Tropical Medicine, Antwerp
Haifa Thaha	Consultant	National Health Systems Resource Centre
Harsha Joshi	Consultant	National Health Systems Resource Centre
Indrani Gupta	Professor	Institute of Economic Growth
John Porter	Professor	London School of Hygiene and Tropical Medicine
Kara Hanson	Professor	London School of Hygiene and Tropical Medicine
Keshav Desiraju	Former Secretary	Ministry of Health & Family Welfare, Government of India
Kheya Furtado	Assistant Professor	Goa Institute of Management
Kranthi V	Program Coordinator	Institute of Public Health, Bengaluru
Krishna Rao	Associate Professor	Johns Hopkins University
Krishna Reddy	Country Director	ACCESS Health International
Latha Chilgod	Research Associate	Institute of Public Health, Bengaluru
Lucy Gilson	Professor	University of Cape Town
Mahesh K	Research Officer	Institute of Public Health, Bengaluru
Marjan Pirard	Education Coordinator	Institute of Tropical Medicine, Antwerp
Meena Putturaj	PhD Student	Institute of Public Health, Bengaluru
N Devadasan	Technical Adviser	Health System Transformation Platform
Neha Dumka	Senior consultant	National Health Systems Resource Centre
Omkar Palsule-Desai	Professor	Indian Institute of Management, Indore
Pallavi Gupta	Specialist	Health System Transformation Platform
Pragati Hebbar	PHD Scholar	Institute of Public Health, Bengaluru
Pramod Kumar	Training Coordinator	Institute of Public Health, Bengaluru
Prashanth N S	Faculty	Institute of Public Health, Bengaluru
Praveen	Communication Consultant	Institute of Public Health, Bengaluru
Rahul Reddy	National Coordinator	Health System Transformation Platform
Rajani Ved	Executive Director	National Health Systems Resource Centre
Rajeev Sadanandan	Chief Executive Officer	Health Systems Transformation Platform

Participants

Name	Designation	Organization/ Affiliation
Sakthivel Selvaraj	Director and Professor	Public Health Foundation of India
Sanjeev Kumar	Research Specialist	Health System Transformation Platform
Sara Van Belle	Associate Professor	Institute of Tropical Medicine, Antwerp
Shankar Prinja	Additional Professor	PGIMER, Chandigarh
Sridhar Guduthur	Chief Financial Officer	Health System Transformation Platform
Srinivas Nallala	Associate Professor	Public Health Foundation of India
Sudha Chandrashekar	Consultant	Health System Transformation Platform
Sukanya Mohanty	Consultant	Institute of Public Health, Bengaluru
Sumegha Asthana	Chapter Lead	Women in Global Health
Sundari Ravindran	Principal Visiting Fellow	UN University - International Institute for Global Health
Tushar Mokashi	Sr Technical Specialist	ACCESS Health International
Upasona Ghosh	Senior Lecturer	Indian Institute of Public Health, Bhubaneshwar
Upendra Bhojani	Director	Institute of Public Health, Bengaluru
Vaibhav Agavane	Consultant	Institute of Public Health, Bengaluru
Vijayashree Yellappa	Sr Specialist	Health System Transformation Platform
Vineet Prakash	Risk Mitigation Specialist	ACCESS Health International
Wim Van Damme	Professor	Institute of Tropical Medicine, Antwerp
Yogin V A	IT Officer	Institute of Public Health, Bengaluru