

# **INDIA HEALTH POLICY & SYSTEMS RESEARCH FELLOWSHIPS PROGRAMME**

**OVERVIEW**

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This report titled 'India Health Policy & Systems Research Fellowships Programme 2021' has been developed by Health Systems Transformation Platform (HSTP) and the partner(s) to share the overview of this course.

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Our mission is to enable Indian health systems respond to people's needs. We do this in collaboration with Indian & Global expertise through research for health systems design, enhancing stakeholders' capabilities and fostering policy dialogue.

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## BACKGROUND

### What is HPSR?

Health policy and systems research (HPSR) is a new discipline within public health research that studies the system as a whole and comes up with evidence that has policy implications. While traditional public health research is usually limited to a particular method (quantitative or qualitative), and a specific health problem (a disease control program or a health service performance); HPSR looks at the health problem from a systems perspective.

HPSR research question goes beyond the immediate health problem, to identify other building blocks that contribute to this problem. It also uses systems thinking and complexity to understand the reasons for the health problem. So, at the end of the research, evidence is generated about the extent of the health problem, as well as why it is occurring, for whom it is occurring and what intervention can be introduced to tackle the problem. As can be imagined, this is especially useful for the policy maker, as s/he is interested more in the “why” and “how” question rather than in the “what” question.

### Why is HPSR required in India?

Predominant research being conducted in India today is biomedical research with a focus on diseases and disease control programmes. A review reported that there were 314 publications about health systems from India<sup>1</sup> in 2012. Most papers were on service delivery (40%), with fewer on information (16%), medical technology and vaccines (15%), human resources (11%), governance (5%), and financing (8%). There were very few studies conducted with a systems perspective that explored health system problems in depth and captured contextual issues of importance in the Indian health system.

This has implications as biomedical research only provides the policy maker with information about ‘what’ is happening but does not inform her/him on what to do. This is the role of HPSR, for it answers the questions – ‘why is the problem occurring and how can it be alleviated?’ Thus, HPSR is an important resource to inform the policy maker. This is probably the reason why India still struggles with ‘opinion-based policy making’ rather than ‘evidence-based policy making’.

Unfortunately, there are no courses in India specifically teaching HPSR. In a rapid inventory of research methods courses in the country, we found that most of the courses were on epidemiology and statistics. There were a few courses on qualitative methods but hardly any course on health policy analysis. Moreover, most of these courses were short courses and housed within existing master’s or PhD courses. Thus, there is little opportunity for a researcher to pick up HPSR skills in our country.

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<sup>1</sup> Rao, K.D., Arora, R. & Ghaffar, A. Health systems research in the time of health system reform in India: a review. *Health Res Policy Sys* 12, 37 (2014). <https://doi.org/10.1186/1478-4505-12-37>



## GENESIS & OBJECTIVE

Health Systems Transformation Platform (HSTP) was established to strengthen health systems in India and enable systems transformation towards providing equitable access to good quality affordable health services for improved health outcomes, the foundation of which lies in conducting and promoting Health Policy and Systems. Dr Maharaj Kishan Bhan who has been a pillar of strength for HSTP, believed that enhancing capacities of stakeholders is key to transforming Indian health systems. Only then would home grown solutions to local challenges yield sustainable results. HSTP is engaged in developing capacity building initiatives to suit each stakeholder groups, among which the vision for strategically building capacity of researchers and practitioners in HPSR, culminated in the development of the India HPSR Fellowship programme ([India HPSR Fellowships](#))

It is envisaged every year (from 2020-2024), the fellowship programme will identify twenty fellows and train them in HPSR research methods along with practical experience of conducting a HPSR study through a small grant and mentorship component.

The underlying hypothesis is that these researchers will apply their newly acquired skills and conduct relevant health policy & systems research. They will then present this to the policy makers or practitioners or the community who will in turn actively participate in making the necessary changes for improving health outcomes. Of course, for all this to happen, there must be a supportive environment wherein there is sustainable funding for such research and more important, the end users of the research are receptive to the research as well as willing to make the necessary changes.

While HSTP conceived this programme, recognising that this is an onerous task, it entered into collaborative arrangements with Indian and International organisations with expertise in HPSR. The fellowship is anchored by HSTP and organized in collaboration with WHO Alliance for Health Systems and Policy Research, Institute of Public Health Bengaluru (IPH), Achutha Menon Centre for Health Systems Studies (AMCHSS), George Institute of Global Health – India (TGI), Nossal Institute of Global Health, Institute of Tropical Medicine (ITM) Antwerp, & India Health Systems Collaborative (IHSC). Experts from these partners design & develop the curriculum and are engaged in conducting the training. Technical guidance is provided by an advisory group of national and international HPSR academicians and practitioners.

HSTP will continue to 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.



## FUNDING OF INDIA HPSR FELLOWSHIPS

This initiative is partly funded by Sir Ratan Tata Trusts (SRTT). HSTP receives its seed grant for operations and programme expenditure from SRTT which also includes the mandate related to development of fellowship's design, curriculum, teaching material and sub-grants to partner institutions and external experts/faculty for organizing the online, face-to-face training and mentorship components. IPH Bengaluru, TGI and AMCHSS received a sub-grant from HSTP to co-develop the fellowship program's structure and curriculum and support implementing training for the fellows of the Cohort 2021.

The other source of funding for this initiative is from HSTP's strategic partner ACCESS Health International (through a grant from Bill & Melinda Gates Foundation) for supporting HSTP's health systems research and capacity building initiatives. This covers involvement of faculty from Institute of Tropical Medicine Antwerp, Nossal Institute of Global Health in guiding the fellowship program development and implementing training/mentorship. Small research grants (Rs. 6 lakhs per annum per fellow) for India HPSR fellows to conduct a HPSR study during the 12-month course period are also covered under this grant. A network of health systems research professionals is supported through the India Health Systems Collaborative to ensure fellow's access the network for mentorship, continuing skill development and research collaborations.

## PROGRAM DESIGN AND CURRICULUM DEVELOPMENT

HSTP acknowledges that strengthening health systems requires a system thinking lens & involvement of multidisciplinary expertise thus it co-developed the program design and curriculum in partnership with IPH Bengaluru and consultative process involving several Indian & global HPSR practitioners, some of whom became valuable partners in due course.

First expert consultation, with a total of 61 participants, was conducted on **24 June 2020** with the objective of reviewing the India HPSR Fellowship program design, structure, curriculum, and pedagogy prepared by the HSTP and IPH team. Prominent health systems practitioners and HPSR experts were involved to finalise these: Abdul Ghaffar, Kabir Sheikh, Keshav Desiraju, Sundari Ravindran, Indrani Gupta, Asha George, Rajani Ved, Lucy Gilson, Barbara McPake, Kara Hanson, Wim Van Damme, and John Porter. In addition to the experts, professionals active in raising the profile of HPSR globally including policymakers with experience of working with researchers and practitioners also participated in the consultative process. (*Detailed report [here](#)*)

A subsequent meeting on **21 August 2020** was organized to finalise the revised fellowship program structure and curriculum based on the first consultation. A small group of HPSR practitioners, HSTP & IPH team and observers participated in this meeting and the final fellowship program structure and curriculum was developed based on the inputs received in



this meeting. Experts reinforced the efforts required for nurturing this program for it to be framed according to the Indian context and local needs – which formed the basis of the current course structure & curriculum. (*Detailed report [here](#)*)

## COMPONENTS OF THE TRAINING PROGRAMME

### Learning Outcomes

The training course builds the capacity of existing mid-level public health professionals to conduct HPSR. They may be epidemiologists, economists, public health professionals, political scientists, anthropologists, or demographers.

The fellowship programme trains the researcher about policies, contents and the processes. The researcher is now empowered to identify the policy processes like agenda setting, list all the stakeholders and the power that they wield and then use the evidence generated to influence specific actors in a language that they understand.

HPSR methods are dependent on the research question and rely extensively on mixed methods. Other novel tools to study complexity and systems thinking like causal loop diagrams, process mapping, and develop-distort dilemma are used.

The learning outcomes of this training programme have been defined such that at the end of this module, the participant will be able to:

1. Describe a health system using appropriate frameworks, identify problems and analyse them.
2. Understand what a policy is and the policy making processes as well as be able to analyse both the content and the processes keeping in mind the power of the various stakeholders.
3. Frame research questions based on a health policy and systems problem analysis and refine research questions using systems thinking, complexity, ethics, and equity lenses as well as the relevant literature.
4. Apply appropriate methodological approaches to answer health policy and system research questions and appreciate the value of multiple perspectives (positional and disciplinary) in HPSR
5. Engage communities and/or policymakers/implementers/decision-makers in co-creating knowledge and steering a change agenda for a given health systems or policy problem
6. Develop, present, and defend an HPSR proposal that demonstrates integration of foundational concepts of HPSR, its core values and critical thinking
7. Implement and manage an HPSR Research Grant (including competencies related to managing research teams, networks, and consortia)



Hence, at the end of the course, the participant will be able to diagnose Health Policy & Systems (HPS) problems, design and conduct HPS research, and use the evidence to influence policy and practice, while always keeping a systems thinking, complexity, ethics, equity, and person-centred lens.

## Structure

Fellows will undergo a blended training programme spread over a period of **18 months**, which includes:

1. Initial **four-month intense online phase** where the selected participants will be taken through the specificities of HPSR. This is an important phase, as not only will the participants have to learn new material, but they also have to recognise and unlearn many of their disciplinary biases. During the online phase, participants are expected to invest 3-4 hours per week. Implementation of the project may take up to a maximum of 50 per cent of the participant's time.
2. This is followed by **a week's proposal writing workshop**, wherein the participants come for a face-to-face interaction with the faculty and develop a HPSR proposal using the newly acquired competencies. Fellows are expected to build an HPSR research protocol and a public/policy engagement plan at the end of the online and F2F workshop and will obtain mentoring to implement the research. Participants will also be expected to develop and implement a public and policy engagement plan.
3. Participants whose proposals are approved by the selection committee will receive a fellowship for a year to implement their research proposal over **12 month-period**. During this implementation phase, participants will be mentored by expert faculty. Simultaneously, the participants will be exposed to specific topics that they would like to specialise in as a continuation of the online phase.



**Table 1: Snapshot of India HPSR Fellowships programme**

Name of the course	The India HPSR Fellowship Programme (IHFP)
<b>Course participants</b>	Mid-level Indian researchers from any social science discipline, e.g., epidemiologists, sociologists, economists, demographers, political scientists, managers, anthropologists, etc. Preference will be given to participants who have completed a master's degree and have participated in research activities
<b>Course duration</b>	Four months of Online course + One week of face-to-face course + One year of mentoring for conducting HPSR study
<b>Course content</b>	<p>The content includes an overview of health systems and its analysis, an overview of health policy and its analysis, characteristics of HPSR, framing HPS research questions, matching the HPSR questions with the appropriate research designs, a brief overview of different HPSR methods, writing a HPSR proposal, conducting a HPS research, Policy and public engagement and communicating the research. The phases include:</p> <p><b><u>ONLINE PHASE</u></b></p> <ul style="list-style-type: none"> <li>• Asking the research question using a health systems, complexity and equity lens</li> <li>• Analysing policies</li> <li>• Applying different research methods to answer the research question</li> <li>• Developing and managing a research proposal</li> <li>• Developing a plan to impact policy and practice</li> </ul> <p><b><u>FACE TO FACE PHASE</u></b></p> <ul style="list-style-type: none"> <li>• Deepening the understanding of HPSR, Policy Analysis and Using the appropriate design and methods to develop and submit a final HPSR proposal.</li> </ul> <p><b><u>MENTORING PHASE</u></b></p> <ul style="list-style-type: none"> <li>• Conducting an HPSR research project</li> <li>• Mentoring</li> <li>• Online phase for deepening their understanding of HPSR</li> </ul>
<b>Expected outcomes</b>	<p><b>2020-2024</b></p> <ul style="list-style-type: none"> <li>• 80 HPSR researchers in the country from preferably 20 different institutions</li> <li>• A community of practice of HPSR researchers</li> </ul>



## ELIGIBILITY & SELECTION PROCESS FOR COHORT 2021

- Participant selection for Cohort 2021 was done through an open and competitive call for application which was launched on **4 November 2020** and widely circulated to invite applications from interested candidates.
- The main eligibility criteria were post-graduates having at least 3 years of research experience in public health domain with a penchant for developing a career in HPSR and a passion to conduct impactful, meaningful research to contribute to health systems and policy in India.
- A total of 149 applications were received. Of this 60% were mid-level researchers in the age group 31-40 with 3-6 years of experience. Among the applicants, 78% had a post graduate degree and 12% had a doctoral degree. There was a balanced geographic representation with 33% from South India, 27% from North, 24% from the West and the rest spread between Central, East and North East India.
- A transparent, two-step selection process was carried out with a panel of peer reviewers grading each application in the first step, based on a rubric that included:
  - Strength of the academic qualifications
  - Relevant work experience
  - Quality of the health systems/health policy problem identified
  - Strength of the motivation to join this course.
- The selection committee consisted of forty (40) Indian and global public health professionals, programme facilitators and mentors, and senior practitioners of HPSR who were involved in the curriculum drafting process.
- The Applicants were ranked based on the average scores and 30 applications were shortlisted. Weightage was given to those participants who had completed their doctoral studies successfully, completed a research methods course, an established link with the government or a community organization or research site and strong references.
- In the second step, a selection committee from the core faculty finalized the cohort keeping in mind gender, regional and skill-mix balance. Candidates were ranked according to their scores and 20 short-listed and 10 wait-listed candidates were identified.

## TRAINING PLAN FOR COHORT 2021 (JANUARY 2021 - JUNE 2022)

As described above, the fellowship programme is envisaged for 18 months. This includes an online engagement for four months, a week-long face to face workshop, and a year-long implementation phase with mentorship. The content will be delivered in a blended format using both online (e-learning through a Learning Management System) and face-to-face training methods.

The fellowship is a competitive award, which makes available a seed grant to deserving proposals, that covers the cost of the fees for the course, travel for the programme and



planned field visits. Participants will receive a Certificate on successful completion of all components of the fellowship programme.

***Figure 1: Training Phases***



## INAUGURATION OF THE INDIA HPSR FELLOWSHIPS PROGRAMME

On **15th January 2021**, India HPSR Fellowship programme was inaugurated (virtually and live streamed across the globe), a recording of which can be viewed at [Inauguration of India HPSR Fellowships Program](#) and a brief is available [here](#).

**Rajesh Bhushan**, Secretary, Ministry of Health & Family Welfare, Government of India and **Soumya Swaminathan**, Chief Scientist, World Health Organization were the keynote speakers at the event. **Rajeev Sadanandan**, CEO HSTP, **Prashanth N Srinivas**, Assistant Director Research, Institute of Public Health (IPH Bengaluru) and **N Devadasan**, Technical Advisor HSTP introduced the fellowship programme and its various components. The formal launch also showcased the faculty and fellows of Cohort 2021.



## CORE FACULTY



**Bruno Marchal** is Associate Professor and head of the Health Systems unit at Institute of Tropical Medicine, Antwerp (More details [here](#))

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**Devaki Nambiar** is Program Head – Health Systems and Equity at the George Institute for Global Health India (More details [here](#))

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**Dorothy Lall** is Faculty at Institute of Public Health Bengaluru (More details [here](#))

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**N Devadasan** is the Technical advisor at HSTP (More details [here](#))

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**Prashanth NS** is Assistant Director (Research) at Institute of Public Health Bengaluru (More details [here](#))

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**Rakhal Gaitonde** is Professor of Public Health at Achutha Menon Centre for Health Science Studies (More details [here](#))

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**Sara Van Belle** is Senior Research Fellow, Belgian Science Foundation and faculty at Institute of Tropical Medicine, Antwerp. (More details [here](#))

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**Sumit Kane** is Associate Professor at Nossal Institute for Global Health (More details [here](#))

**Guest Faculty for specific modules and lectures on subject specific training modules will be engaged appropriately from Indian and International Schools of Public Health.**



## FELLOWS COHORT 2021



**Akanksha Sonal, DM**  
Asst Professor, All India  
Institute of Medical Sciences,  
Kalyani

*Research Interest:* Mental  
Health, Clinical Psychiatry,  
Geriatrics



**Anika Juneja, MPH**  
PhD Scholar, Institute of Public  
Health Bengaluru

*Research Interest:* Health  
Services, Social Determinants of  
Health, Tuberculosis



**Ankita Mukherjee, PhD**  
Researcher, George Institute of  
Global Health, New Delhi

*Research Interest:* Medical  
Devices, Universal Health  
Coverage



**Antony Stanley, MD**  
Scientist, SCTIMST, Trivandrum

*Research Interest:* Economic  
Analysis, Tribal Health,  
Healthcare Services



**Anuj Ghanekar, MSc**  
Consultant, Urban Health and  
Climate Resilience Center of  
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*Research Interest:* Urban  
Health, Climate Change,  
Nutrition



**Anupama Sanjeev, PhD**  
Research Fellow, Ramaiah  
Public Policy Center, Bengaluru

*Research Interest:* Gender,  
Legislation, Capacity Building  
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**Deepshikha Chhetri, MSc (Nutr)**  
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*Research Interest:* Governance,  
Health Policy, RMNCH+A



**Deepak Behera, M Phil**  
Asst Professor, Manipal  
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*Research Interest:* Health  
Financing, Health Economics,  
Health Technology



**Gitismita Naik, MD**  
Sr Resident, All India Institute of  
Medical Sciences, Raipur

*Research Interest:* Clinical  
Epidemiology, Program  
Evaluation, Health Technology



**Harsha Joshi, MPH**  
Program Officer, India Primary  
Health Care Initiative, Johns  
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*Research Interest:* Primary  
Healthcare, Capacity Building



**Jithesh Veetilakath, MPH**  
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*Research Interest:* Gender,  
Palliative Care, RMNCH+A



**Mintu Moni Sarma, M Phil**  
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*Research Interest:* RMNCH+A,  
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College & Hospital, Solan

*Research Interest:* Ageing,  
Disability, Nutrition, RMNCH+A



**Ponnambily Chandy, MSc Nurs**  
Asst Professor, Chettinad  
College of Nursing,  
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*Research Interest:* Nursing,  
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**Rekha M Ravindran, MPH**  
Sr Research Officer, State  
Health Systems Resource  
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*Research Interest:* Gerontology



**Sabu K Ulahannan, M Phil**  
Project Supervisor, Institute of  
Public Health, Bengaluru

*Research Interest:* Nutrition,  
Epidemiology, Anthropometry



**Sapna Mishra, MPH**  
Sr Research Fellow, SCTIMST,  
Trivandrum

*Research Interest:* Health Policy,  
Occupational Health, Social  
Epidemiology



**Sunu C Thomas, MPH**  
Research Fellow, SCTIMST,  
Trivandrum

*Research Interest:* Data  
Analysis, Phenomenology,  
Qualitative Research



**Tanu Anand**  
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*Research Interest:* Mental  
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**Tarundeep Singh, MD**  
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