



Pallavi Gupta
Specialist – Health Systems Governance

Work Profile at HSTP

At HSTP my role is to work towards strengthening health system governance in India, for which we are currently focussing on health regulations. I am involved in carrying out an overview analysis of health sector regulations in the country with a focus on health care delivery. We seek to understand the landscape of health care delivery regulation in India in order to identify gaps, challenges and opportunities for intervention. My responsibility is to generate appropriate evidence and build technical partnerships with central and state governments and other stakeholders, and collaborate with them to strengthen health system governance, especially focussing on health care regulations.

Major Research Interests:

- Health Care Delivery Regulations
- Health Resources for Health
- Reproductive Health

Education:

- B.Sc. Home Science (Hons.) with specialisation in Child Development, Lady Irwin College, Delhi University
- M.A. in Social Work with specialisation in Medical and Psychiatric Social Work, Tata Institute of Social Sciences, Mumbai

Brief Bio

Pallavi has been working in the field of public health, gender and nutrition, with non-government organisations and the government, in different parts of India since 2002. Her portfolio of work has been diverse – designing and implementing field projects, managing project teams, developing communication and training material, conducting training programmes, undertaking action research, carrying out policy advocacy and providing technical assistance to non-government organisations as well as the government. The focus of her work has been on community empowerment and health system strengthening, with an aim to bridge the gap between the community and the health system.

While working with the RCH division of MoHFW, government of India, Pallavi supported the division on matters related to policy and programme for national and international engagement. She contributed to the roll out of maternal death surveillance and response system across states. She was part of the National Health Mission's Common Review Mission team 2017 and reviewed the status of health services in Bihar.

As the lead for Oxfam India's health programme, she coordinated multi-state intervention and advocacy projects. She was part of the Oxfam International team that successfully advocated for modifying the UHC SDG indicator 3.8.2 to measure financial protection. Pallavi served as a member of World Bank's Civil Society Consultative Group on Health, Nutrition and Population, 2015-16 and was a member of the 'IHP to UHC 2030 Advisory Group, 2016' formed by WHO and World Bank.

At Action Research and Training for Health (ARTH), Udaipur, Pallavi was the intervention team leader (India team) of a multi-country research trial examining the impact of a combination of nutrition, health and development related interventions on child development, growth and survival among rural children under two years of age. She also coordinated a qualitative study to better understand the acceptability, perspectives, attitudes and preferences of women, community health workers (CHWs), and clinicians regarding the involvement of CHWs in medical abortion referrals, as part of a research



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trial implemented jointly with Swiss Tropical and Public Health Institute and World Health Organisation.

Pallavi has held positions requiring administrative and managerial responsibilities as well as conducting programmatic intervention and research. Research and evidence-based advocacy to inform healthcare delivery, health system strengthening, and policy formulation has been a common thread through most of her career.

Selected Research Publications:

- **Pallavi Gupta**, Sharad D. Iyengar, Bela Ganatra, Heidi Bart Johnston, Kirti Iyengar. 'Can community health workers play a greater role in increasing access to medical abortion services? A qualitative study', BMC Women's Health, May 2017.
<https://bmcwomenshealth.biomedcentral.com/track/pdf/10.1186/s12905-017-0391-1>
- Public Private Partnerships in Healthcare: Evidence from Four Case Studies in India, March 2017, Public Health Resource Network, Jan Swasthya Abhiyan and Oxfam India.
 - Outsourcing of haemodialysis services in Delhi, A Case Study
<https://www.oxfamindia.org/workingpaper/1775>
 - Outsourcing of Mobil Medical Units in Chattisgarh, A Case Study
<https://www.oxfamindia.org/workingpaper/1774>
 - Outsourcing of Recruitment and Management of Human Resources for Remote and Conflict areas in Chhattisgarh, A Case Study
<https://www.oxfamindia.org/workingpaper/1772>
 - Outsourcing of Radiology Services in Bihar, A Case Study
<https://www.oxfamindia.org/workingpaper/1773>
- Sakti Golder & **Pallavi Gupta**, 'Tackling Extreme Inequality in India', January 2017, Oxfam India.
<https://www.oxfamindia.org/policybrief/1784/tackling-extreme-inequality-india>
- **Gupta P**, Iyengar K, Iyengar SD, "Taking services to the doorstep: providing rural Indian women greater control over their fertility," in the book *Women's Empowerment and Global Health: A Twenty-First-Century Agenda*, Eds. Shari L. Dworkin, Monica Gandhi and Paige Passano. (Oakland, CA : University of California Press, 2016), 29-56.
- Raghu Lingam, **Pallavi Gupta**, Shamsa Zafar, Zelee Hill, Aisha Yousafzai, Sharad Iyengar, Siham Sikander, Zaeemul Haq, Shilpa Mehta, Jolene Skordis-Worrel, Atif Rahman, and Betty Kirkwood. 'Understanding care and feeding practices: building blocks for a sustainable intervention in India and Pakistan', *Annals of the New York Academy of Sciences* 1308 (2014) 204–217.
<https://nyaspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/nyas.12326>
- Kirti Iyengar, Sharad Iyengar, Kalpana Dashora, **Pallavi Gupta**, Virendra Suhalka and Indrani Parker, 'Establishing a system for carrying out verbal autopsy of maternal deaths in Udaipur, Rajasthan: A study report', 2008, Action Research & Training for Health.
http://arth.in/wp-content/uploads/2013/09/UVA_report_20131.pdf



Blogs

- Assam's two-child norm could hit the poor, women and Muslims the hardest
<https://scroll.in/pulse/840562/assams-two-child-norm-could-hit-the-poor-women-and-muslims-the-hardest>
- Union Budget 2017-18: A Look at the Health Sector
<https://www.oxfamindia.org/blog/1783/union-budget-2017-18%3A-a-look-health-sector>
- Why Brazil should not take a U-turn on its health system
<http://www.globalhealthcheck.org/?p=1952>
- What do we want: Health as a 'Right' or just an 'Assurance'
<https://www.oxfamindia.org/blog/health-fundamental-right>
- When Wealth Buys Health, Niramaya may be the answer
<http://www.globalhealthcheck.org/?p=1848>