

Workshop Report

Designing Implementation Research in Primary Healthcare

25-26 April 2019, New Delhi



Contact

Rahul S Reddy Kadarpetta | National Coordinator, HSTP | rreddy@hstp.org.in

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Workshop Objectives

Health Systems Transformation Platform is incubated in the Tata Trusts family. HSTP is an enabler of systems change in Indian healthcare. India's progress towards Universal Health Coverage depends on re-design of health system's architecture & function based on systems assessment, policy relevant research/evidence synthesis and conducting experiments that focus on health outcomes to re-engineer health interventions. HSTP's objectives:

- Develop and articulate medium- & long-term health systems strategies for India and states, learning from Indian and global experiences, best practices, innovations.
- Nurture talent and enhance capability in India on health systems research, leadership, policy & strategy formulation.
- Collaborate with governments, research/ academic institutions, experts, and practitioners to create a platform for health systems thinking and attempt to solve health systems challenges.
- Foster a safe space for health systems stakeholders for policy dialogue, knowledge sharing & learning.

This workshop on implementation research in primary healthcare is part of HSTP's program for enhancing capabilities of Indian policy makers, researchers, practitioners, and program managers. The objective of the workshop is to facilitate discussion and design implementation research models in Indian urban and rural settings defining the principle components of primary healthcare, expected outcomes, monitoring plan and implementation strategy. The sessions are designed to introduce approaches and methodologies of implementation research, its role in facilitating health systems strengthening and build capacities to supports scale-up of interventions/ pilots and their integration into health systems.

Twenty three (23) Indian researchers and program managers working in the primary healthcare space and state government representatives from Gujarat, Haryana and Karnataka were trained led by International and Indian experts in the field of implementation research - Dr. Rajiv Bahl, World Health Organization Geneva; Dr. MK Bhan – Chair, HSTP Board; Dr. Pavitra Mohan – Basic Healthcare Services; Dr. Devadasan – HSTP; Dr. Sarmila, Society for Applied Studies and Dr. Dorothy Lal, Institute of Public Health provided insights on experiences and learnings from implementation research projects in India.

Dr Rajiv Bahl is the Coordinator of the MNCHA Health Research and Development team at WHO Geneva responsible for research and development of guidelines, training materials and other tools in the areas of maternal, new-born, child and adolescent health. He is passionate about implementation research and anchored several such projects in India and Africa in the last decade. He started working with WHO India in 2002 as a National Consultant (IMCI), and joined WHO Geneva, Switzerland a year later, as a Medical Officer in the Department of Child and Adolescent Health and Development.

We duly acknowledge guidance and contribution of HSTP Board, Dr MK Bhan, Dr Vinod Paul NITI Aayog, efforts of Dr Rahul Reddy, Bhupendra Prabhakar & Peter Parekattil (HSTP).

Learnings

Implementation science studies the use of strategies to adapt and use evidence-based interventions in targeted settings to sustain improvements to population health. Certain research approaches and designs – including pragmatic trials, effectiveness–implementation hybrid trials, quality improvement studies and participatory action research – are particularly useful because they generate actionable intelligence and are good at capturing the subtleties of context over time, offering iterative flexibility needed to respond to change.

In the current policy context, implementation research helps to understand factors for developing context specific solutions to support achieving goals of Ayushman Bharat - conceived as a combination of dealing with social protection issues and access issues together with advancing primary care. It also helps alignment with need of the intended audience and be responsive to the particularities of the subject under study. This workshop was an opportunity to drive a consensus on the implementation research approach and set stakeholders expectations for a successful comprehensive primary care model in a specific context.

Evidence based experimentation is required in rural and urban areas in India to achieve specific health systems goals. Implementation research can be used to support successful scale-up of interventions and their integration into health systems. It provides a framework for conceptualizing and measuring implementation outcomes based on variables that can be used to assess the efficiency of a process. This requires a collaborative approach between key stakeholders involved in policy generation, programme management, and research. To this end, researchers and implementers need to integrate implementation research into policy and programmatic decision-making processes right from the beginning. In India, this is an opportunity to create an ecosystem for experimenting interventions over a four to five-year period in collaboration with state governments and local research partners to arrive at health systems re-design that is scalable, sustainable, workable and fulfills health systems expectations.

The outcome of the workshop was implementation research plans - one in urban and the other in rural setting – by deliberating on the expectations of policy makers, practitioners, and experts for primary healthcare in India and barriers to achieving these to develop appropriate health interventions and ways of demonstrating impact. This requires an exploratory and formative research phase for 6-8 months' which will lead to development of the actual implementation research proposal and plan. Phase 1 will identify an experimentation site and conduct assessment of the existing primary healthcare system aligning with the selected district/state; bring together experts to design instruments and tools, in line to inform the details on expectations, possibilities and feasibility of goal of conducting implementation research; an additional 4-6 months to design the implementation research model using the results of the phase 1 exercise and the implementation research project itself for a 18-24 month period.

What Next?

Robust scientific research and evidence synthesis is fundamental to evidence-based policy making in India. At the core of this are the Indian researchers and policy makers. We value their contribution to current understanding of the Indian health systems. To enable transformation and lead the system on the path towards universal health coverage and achieving Sustainable Development Goals India needs enhanced research capabilities especially in implementation research. HSTP's program on enhancing capabilities is committed to continue conducting activities in this direction.

This workshop provided the participants an approach to implementation research methods in primary healthcare. From the discussions we envisage to develop a structured program involving experts from several partner institutions and state policy makers to participate in exploring the possibility of developing implementation research models relevant to Indian health systems and public health issues. These experiments will be designed to address current systemic gaps and implement population centric interventions considering the challenges of scale up to find promising interventions that achieve high coverage, quality, utilization rates, etc. We plan to work with states with appetite for reform and state level research partners with expertise in this area.

Workshop Agenda

Venue – Vivanta Ambassador, Sujan Singh Park, New Delhi.

Day 1: 25 April 2019		
9.00 - 9.30	Welcome and Introductions	Dr. Maharaj K Bhan, Board Chair - HSTP
9.30 - 9.45	Provision of Comprehensive Primary Healthcare in Ayushman Bharat	Dr. Vinod Paul, NITI Aayog
9.45 - 10.30	Current Discourse on Primary Healthcare	Dr. Devadasan N, HSTP Dr. Pavitra Mohan, Basic Health Services
10.30 - 11.00	Break for Tea	
11.00 - 12.00	Implementation Research: Key Principles & Experiences from India	Dr. Rajiv Bahl, WHO Geneva Dr. Sarmila, Society for Applied Studies Dr. Dorothy Lall, Institute of Public Health
12.00 - 1.00	Moderated Discussion by Dr. Rajiv Bahl Conceptualizing Primary Health Care Implementation Research <i>How should we design and implement Health and Wellness Centres, seamlessly linked to both the Primary Health Centre and the community, to achieve the programmatic objectives of primary health care?</i>	
1.00 - 2.00	Break for Lunch	
2.00 - 4.00	Group work 1: Outlining the expectations from a well-functioning primary health care system (programmatic objectives) a. <i>Coverage with quality of tracer indicators (social/economic class to monitor equity)</i> - for communicable disease services - for non-communicable disease services - for RCH services b. <i>Financial hardships removed</i> - Out of pocket expenditure reduced - Indebtedness due to health expenditure reduced c. <i>Individual, family, and community behaviours improved related to:</i> - communicable disease - non-communicable disease services - RCH services	
4.00 - 5.30	Group work 2: Barriers to achieving the above programmatic objectives <i>What are the current <u>supply</u> and the <u>demand side</u> barriers to achieving the programme objectives of primary healthcare in urban and rural India? Based on previous discussions, areas of enquiry are:</i> <u>Demand side:</u> (lack of) Assured availability, Access, Affordability, Quality, Comprehensiveness <u>Supply side:</u> Governance, Financing, Human resources, Reaching out to most vulnerable groups such as migrant populations, remote and tribal etc., Linkage with higher levels of care. Formative research/programme learning to fully understand the barriers in the implementation research districts	

Day 2: 26 April 2019	
9.00 - 1.00	<p>Group work 3: Health system interventions to address the identified barriers to achieving the programmatic objectives</p> <p><i>Some of the attributes of such an intervention (based on output of the previous consultation) will be: Equitably distributed services, Empaneled catchment population, Coordinated, continued care, motivated and skilled human resources, working in a team, Assured availability of drugs and diagnostics, linked to higher levels of care, Public-private links, uses appropriate technology, Pools resources (private, personal and public, including insurance), links to the community.</i></p> <p><i>How will programme learning and concurrent evaluation of outcomes be used to refine and improve the intervention on an ongoing/iterative basis? Discussion on these key implementation research processes and outlining them.</i></p>
1.00 - 2.00	Break for Lunch
2.00 - 3.30	<p>Group work 4: Demonstration of impact</p> <p><i>Discuss the final evaluation phase. Do we need it to be a controlled evaluation? How will control districts be identified? On what parameters would we match the intervention and control districts? Can contamination be avoided?</i></p>
3.30 - 4.30	Discussion on next steps for the PHC implementation research and collaborative
4.30 - 5.00	Conclusion and Way Forward

Participants & Observers

S. No	Name	Organization
1	Dr. Sanjana Mohan	Basic Health Services
2	Mr. Mohan	Karnataka Health Promotion Trust
3	Dr. Swaroop N.	Karnataka Health Promotion Trust
4	Dr. Krishnamurthy	Karnataka Health Promotion Trust
5	Dr. Dorothy Lall	Institute of Public Health, Bengaluru
6	Dr. Pankaj Shah	SEWA Rural
7	Dr. Shrey Desai	SEWA Rural
8	Dr. Krishna Reddy	ACCESS Health International
9	Dr. Himani Sethi	ACCESS Health International
10	Dr. Amar Nawkar	Tata Trusts
11	Dr. Sreeram	Tata Trusts
12	Ms. Amneet P. Kumar	Director - NHM Haryana
13	Ms. Sonia Trikha	Director - State Resource Centre, Haryana
14	Mr. D.S. Ramesh	MD-NHM Karnataka
15	Dr. Prabhudeva Gowda	Officer - Urban Health, Karnataka
16	Dr. Nita Bhandari	Society for Applied Studies
17	Dr. Tarun Shankar Choudhary	Society for Applied Studies
18	Dr. Subhash Salunke	IIPH Bhubaneshwar
19	Dr. Srinivas Nallala	IIPH Bhubaneshwar
20	Dr. Sridhar Kadam	IIPH Bhubaneshwar
21	Mr. Bhupendra Prabhakar	Health Systems Transformation Platform
22	Dr. Sudha Chandrasekhar	Health Systems Transformation Platform
23	Ms. Anandita Bhowmik	Independent expert
	Observers	
24	Dr. M K Bhan	Health Systems Transformation Platform
25	Dr. Vinod Paul	NITI Aayog
26	Ms. Sandhya V	BMGF India
27	Mr. Stefan Nachuk	BMGF India
28	Dr. Alexo Esperato	BMGF India
	Facilitators	
29	Dr. Sarmila	Society for Applied Studies
30	Dr. Rajiv Bahl	World Health Organization, Geneva
31	Dr. Pavitra Mohan	Basic Health Services
32	Dr. Rahul Reddy	Health Systems Transformation Platform
33	Dr. N. Devadasan	Health Systems Transformation Platform
	Operations	
34	Mr. Peter Parekattil	Health Systems Transformation Platform