

# **INDIA HEALTH POLICY & SYSTEMS RESEARCH FELLOWSHIP PROGRAM**

**OVERVIEW**

**OCTOBER 2021**





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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 programs. 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](#) program.

It is envisaged every year (from 2020-2024), the fellowship program will identify twenty fellows and train them in HPSR 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 program, 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), Sree Chitra Tirunal Institute of Medical Sciences & Technology (SCTIMST), The George Institute for Global Health India (TGI), Nossal Institute for 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 FELLOWSHIP

This initiative is partly funded by Sir Ratan Tata Trusts (SRTT). HSTP receives its seed grant for operations and program 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 SCTIMST 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 for 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 (IHSC) 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 fellows, 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 PROGRAM

### 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 program 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 program 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 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 program spread over a period of **18 months**, which includes:

1. Initial **six-month intense online phase** where the selected fellows will be taken through the specificities of HPSR. This is an important phase, as not only will the fellows have to learn new material, but they also have to recognise and unlearn many of their disciplinary biases. During the online phase, fellows are expected to invest 3-4 hours per week.
2. This is followed by **face-to-face phase** which is a week's proposal writing workshop, to develop a HPSR proposal using the newly acquired competencies. Fellows are expected to build an HPSR protocol and a public/policy engagement plan at the end of this phase. At the end of the face-to-face module, Fellows whose proposals are approved by the selection committee will receive a fellowship for a year to implement their research proposal over 12 month-period.
3. During the **mentorship & implementation phase**, the fellows are expected to implement their research proposal under guidance of a mentor and share the findings with policymakers or practitioners. Each fellow will receive a fund of Rs.6 lakhs for 12 months to conduct their research. The fellows will be matched as per their area of interest with an Indian/International HPSR expert. Simultaneously, the fellows 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 program**

Name of the course	India HPSR Fellowship Program
<b>Course fellows</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 fellows who have completed a master's degree and have participated in research activities
<b>Course duration</b>	Six months of Online course + One week of face-to-face course + One year of mentoring for conducting HPSR study
<b>Course content</b>	The content includes an overview of health systems and its analysis, an overview of health policy and its analysis, characteristics of HPSR, framing HPSR research questions, matching the HPSR questions with the appropriate research designs, a brief overview of different HPSR methods, writing a HPSR proposal, conducting a HPSR research, Policy and public engagement and communicating the research. The phases include:  <b>ONLINE PHASE</b> <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> <b>FACE TO FACE PHASE</b> <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> <b>MENTORING &amp; IMPLEMENTATION PHASE</b> <ul style="list-style-type: none"><li>• Conducting an HPSR study</li><li>• Mentoring &amp; Implementation Phase</li><li>• Online phase for deepening their understanding of HPSR</li></ul>
<b>Expected outcomes</b>	<b>2021-2024</b> <ul style="list-style-type: none"><li>• 60 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, program 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 fellows 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.

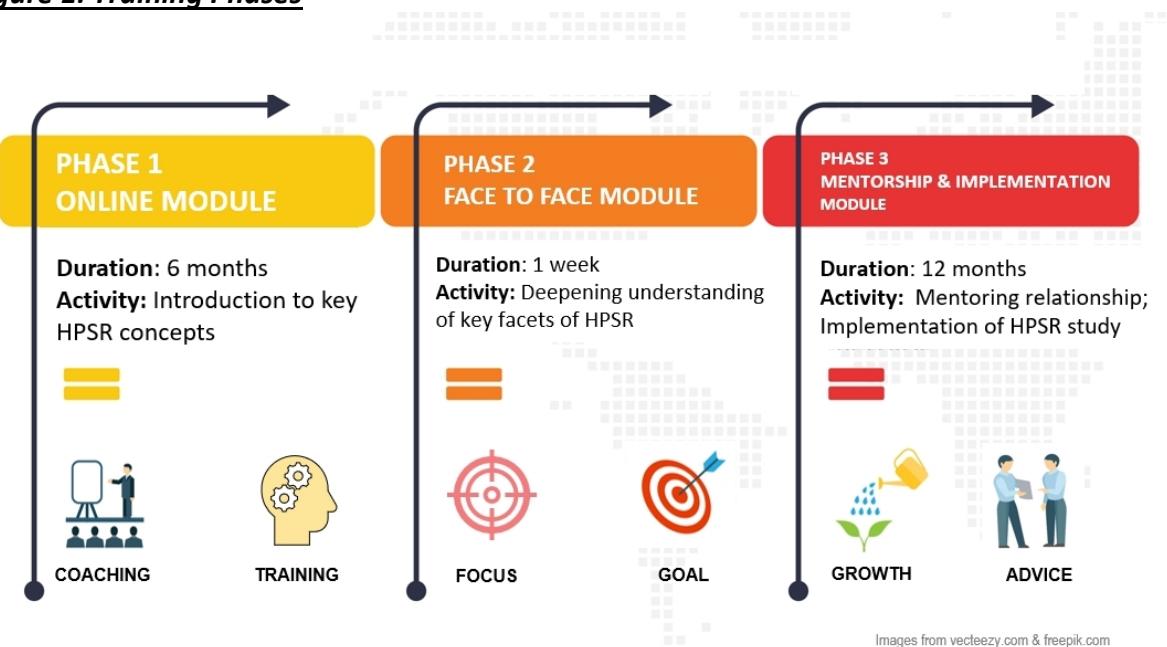
## TRAINING PLAN FOR COHORT 2021 (JANUARY 2021 – OCTOBER 2022)

As described above, the fellowship program 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 program and planned field visits. Fellows will receive a Certificate on successful completion of all components of the fellowship program.

**Figure 1: Training Phases**



## INAUGURATION OF INDIA HPSR FELLOWSHIPS PROGRAM

On **15th January 2021**, India HPSR Fellowship program 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 program and its various components. The formal launch also showcased the faculty and fellows of Cohort 2021.

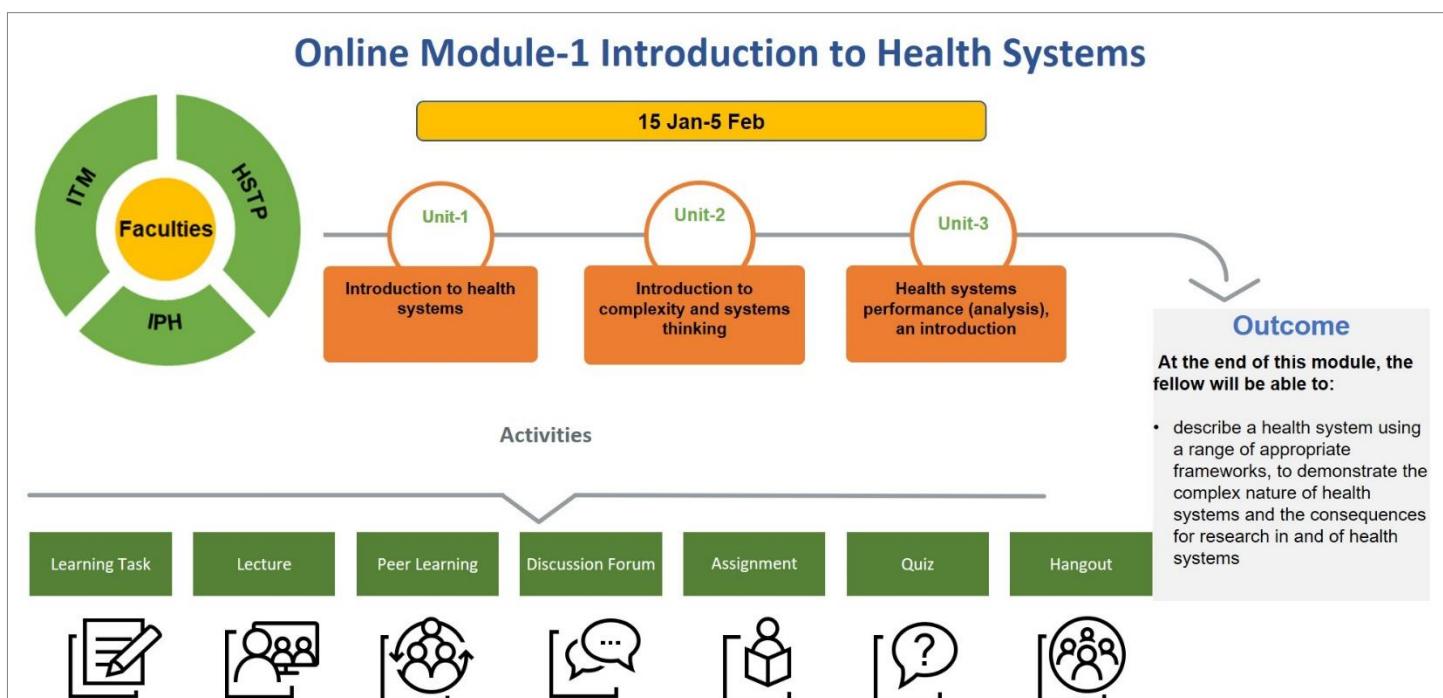


## ONLINE MODULE (January – June 2021)

The online module is delivered through a Learning Management System (LMS) where the fellow is expected to spend 3 to 4 hours for learning every week. This includes live lectures, recorded lectures, reading materials/videos, quizzes, assignments etc. The fellows also interact with each other and faculty through discussion forums and hangout sessions for doubt clearing.

So far, four modules have been completed.

- Module 1 – Introduction to Health Systems
- Module 2 – Health Policy & Policy Process
- Module 3 – Introduction to HPSR and HPSR methods
- Module 4 – Introduction to Research Design
- Module 5 – Writing a HPSR proposal





## Unit-1 "Introduction to health systems"

At the end of the class, the fellows will discover the variety of health system typologies and models and learn that each reflects specific ideological and technical preferences. They will be able to choose appropriate frameworks to describe health systems



Reading Material

For this activity share your expectations from this course in about 300 words

15 Jan

Discussion Forum

Learning Task-1

18 Jan

Develop a description of the health system of your city/district, of your programme or of your organisation. Frame this in your state's health system. You can draft a text or make a graphic (Organographs - Mintzberg 2009).

20 Jan

Peer Learning

Fellows were assigned to a peer-learning group (5 in each group), with a facilitator in each group. 90 Min session

Discussion Forum

20 Jan

- What are the key gaps with respect to health system building blocks that were brought up by the medical officer?
- What are your reflections on the perspective of the medical officer about the quality of care at PHCs in his district?
- What wider historical/social phenomena may have contributed to his/her perspective?

21 Jan

Live Lecture

Dr.Upendra Bhojani

- Health system: definition and mixed nature of health systems
- Overview of various health system frameworks
- Use and strengths and weaknesses of the frameworks

Learning Task-2

21 Jan

- Based on discussion with your peers and lecture please revise your health systems description and explain what they changed and why.
- To be submitted as an assignment: a revised one-page text or graphical representation



Quiz at end of unit

## Unit-2 "Introduction to complexity and systems thinking "

At the end of the class, the fellow will (1) be able to explain the basic principles of complex systems, (2) discuss the advantages of systems thinking as applied to a health system, and (3) identify the consequences for research in / of health systems



Reading Material

Video by Dr. Prashanth introducing the unit activities

23 Jan

Unit Introduction Video

Learning Task-1

25 Jan

- Do you consider your local health system as a complex system? If so, why and if not, why not?
- Are you able to capture in a schematic/drawing all these components: (a) actors, (b) processes, (c) relationships?

Fellows were assigned to a peer-learning group (5 in each group), with a facilitator in each group. 90 Min session

28 Jan

Peer Learning

Lecture- Pre-Recorded

29 Jan

Recorded Lecture by Dr. N Devadasan

The basic elements of systems (agents, structures, processes, relations)

- From open to complex systems
- Consequences for research

After that you have engaged in peer discussions and have also heard the lecture on the topic. Based on this would you like to review/revise what you had prepared? If yes, after making the changes, please add a few lines on what you revised and why.

29 Jan

Learning Task-2

Quiz

29 Jan

Self check quiz (ungraded) which provides 10 questions with multiple-choice answers.. Need to get 7/10 correct to proceed to next unit with no more than 3 attempts. Else requiring a discussion with tutor before proceeding.



Hangout Session at end of Unit- Saturday- Dr. Prashanth



### Unit-3 " Health systems performance (analysis), an introduction "

**At the end of the class, the fellow will understand that performance of health systems is multi-dimensional and socially constructed. They will be able to (1) discuss the differences between the different approaches to assessing performance, (2) explain how these are integrated in the multipolar performance framework, and (3) describe the consequences for research**



**Reading Material**

Video by Prashanth introducing the unit activities

30 Jan

**Unit Introduction Video**

**Learning Task-1**

30 Jan

Describe the performance of the health system of your city/district or else the specific health system setting that you are seeking to study using HPSR (a district level social care service or a disease control program, an organisation for eg.) using the multipolar performance framework. Prepare either a schematic/1-2 page document based on your application/analysis.

Fellows were assigned to a peer-learning group (5 in each group), with a facilitator in each group. 90 Min session

4 Feb

**Peer Learning**

**Lecture- Pre-Recorded**

5 Feb

**Recorded lecture by Dr. Bruno Marchal**

- Definitions of health system performance and the large variability
- Methods to assess health system performance
- The principles of the multipolar framework as an analytical meta-frame that suits the complex nature of health systems
- Consequences for research

After that you have engaged in peer discussions and have also heard the lecture on the topic. Based on this would you like to review/revise what you had prepared? If yes, after making the changes, please add a few lines on what you revised and why.

5 Feb

**Assignment**

**Quiz**

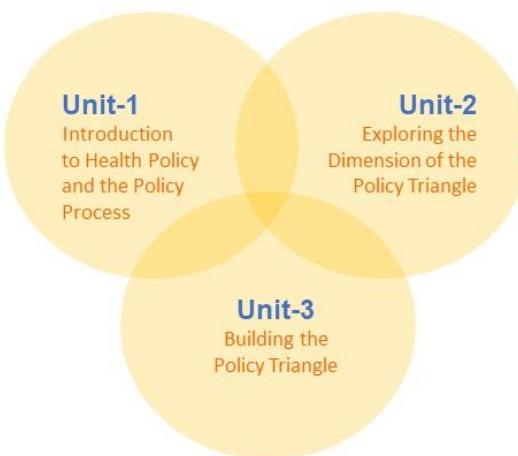
5 Feb

Self check quiz (ungraded) which provides 10 questions with multiple-choice answers.. Need to get 7/10 correct to proceed to next unit with no more than 3 attempts. Else requiring a discussion with tutor before proceeding.



Hangout Session at end of Unit- Saturday- Dr. Prashanth

## Online Module 2 - Health Policy & Policy Process



### Learning Outcome

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



**Exercise- Reading Papers, Watching videos, Listening to podcast**



**Synchronous Lectures**



**Discussion Forum**



**Hangout Session**



**Assignment**

Faculties

AMCHSS

ITM



6 Feb- 27 Feb 2021



### Unit-1 Introduction to Health Policy and the Policy Process

- Recognize the various dimensions of a policy using the Policy triangle framework of Walt and Gilson.
- The fellow will also be able to describe in detail the various components of each of these dimensions and see their relevance to the policy process.
- The fellow will appreciate the complexity involved in the policy process.

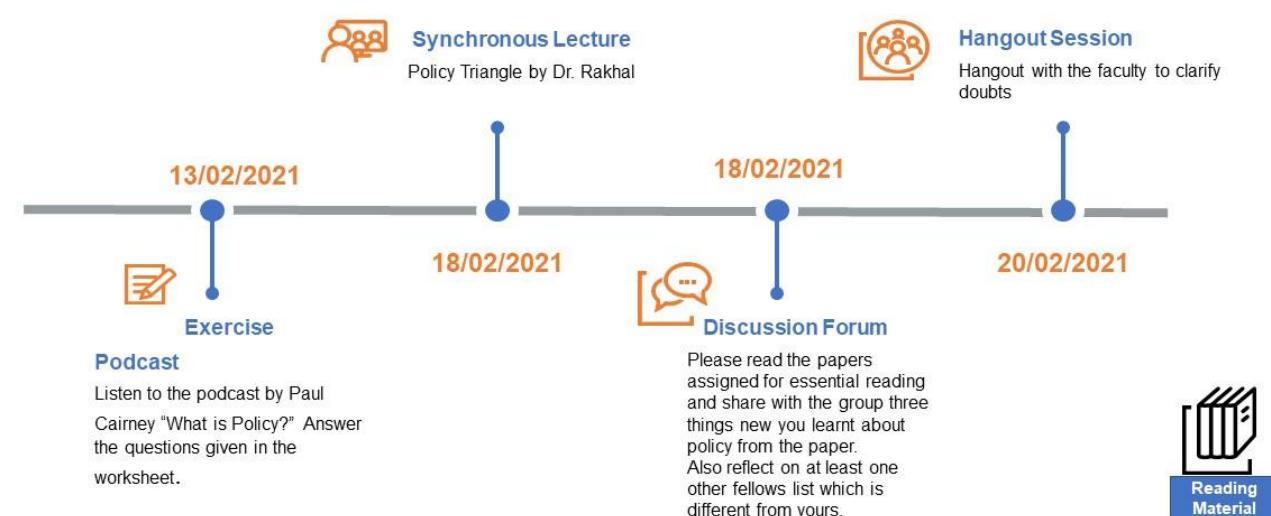


Assignment – 06/02/2021- 05/03/2021



### Unit-2 Exploring the dimensions of the Policy Triangle

- Recognize the interplay between the various dimensions of policy in the policy triangle framework and
- Be able to apply to a specific health policy issue / health policy analysis question.





### Unit-3 Building the Policy Triangle

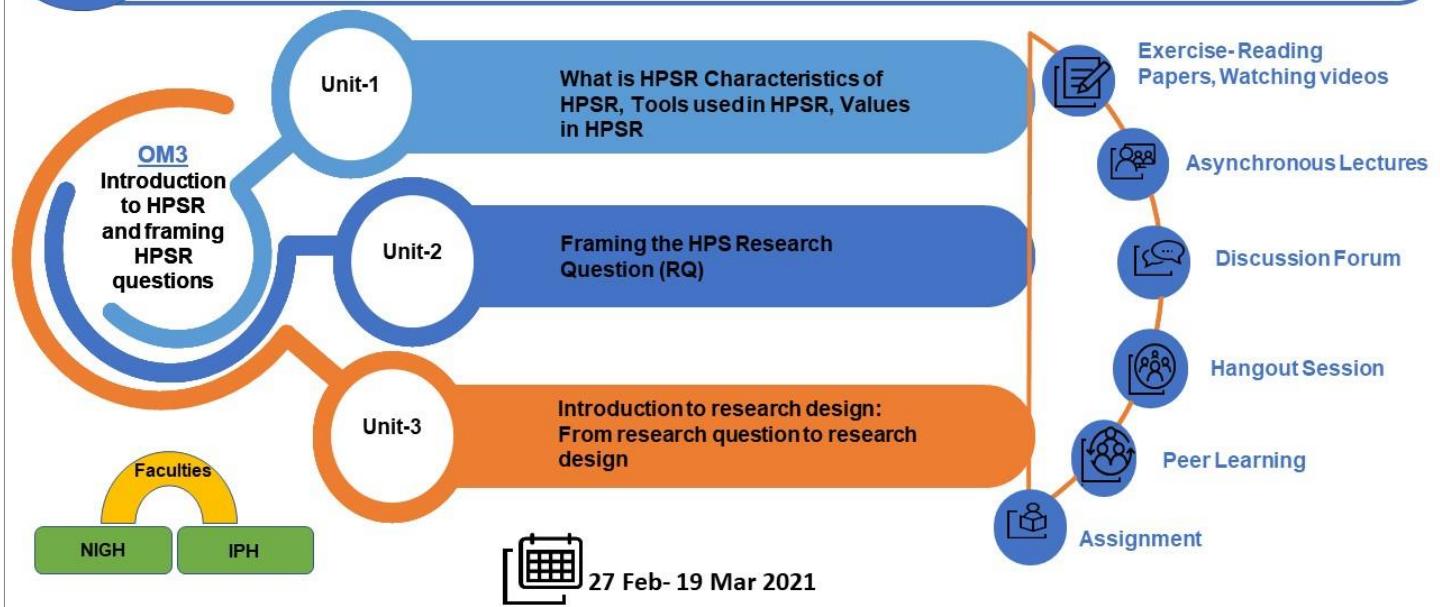
- The fellow will be able to recognize the key concepts of the policy process. These include – Policy entrepreneur, Policy window (Kingdon) and Advocacy Coalition. (Sabatier)
- Will be able to describe the key aspects of Policy Implementation.



## Online Module 3 – Introduction to HPSR & framing HPSR questions

### Learning Outcome

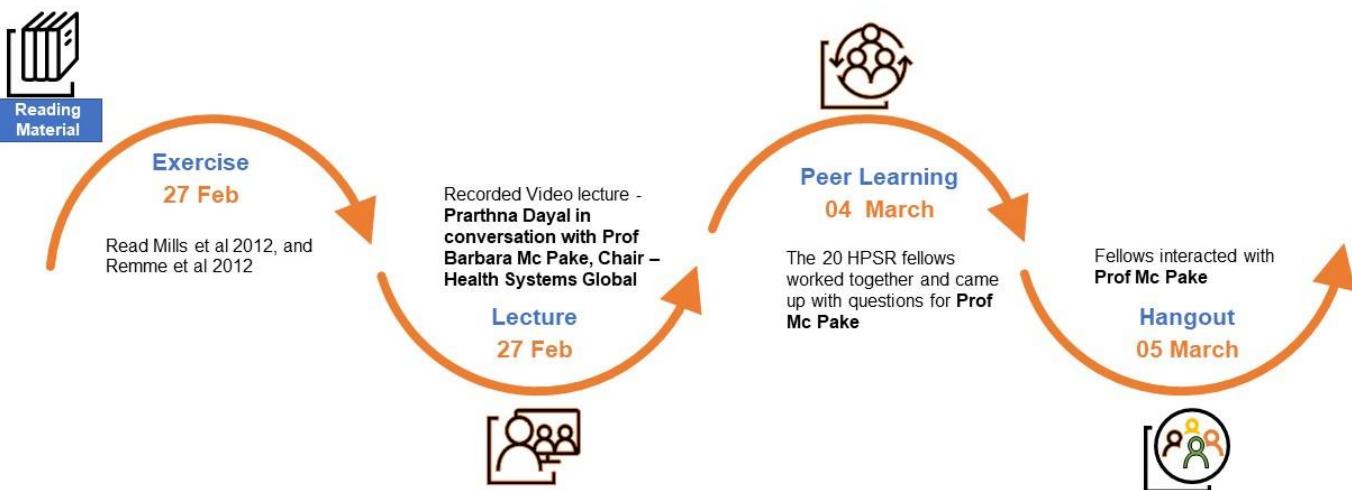
- Fellow will have a broad overview of the field of Health Policy And Systems Research and shall be able to frame research questions based on a health policy and systems problem.
- Fellow will also be able to refine the research question using systems thinking, complexity, ethics and equity as lenses





## Unit-1

### What is HPSR? Characteristics of HPSR, Tools used in HPSR, Values in HPSR

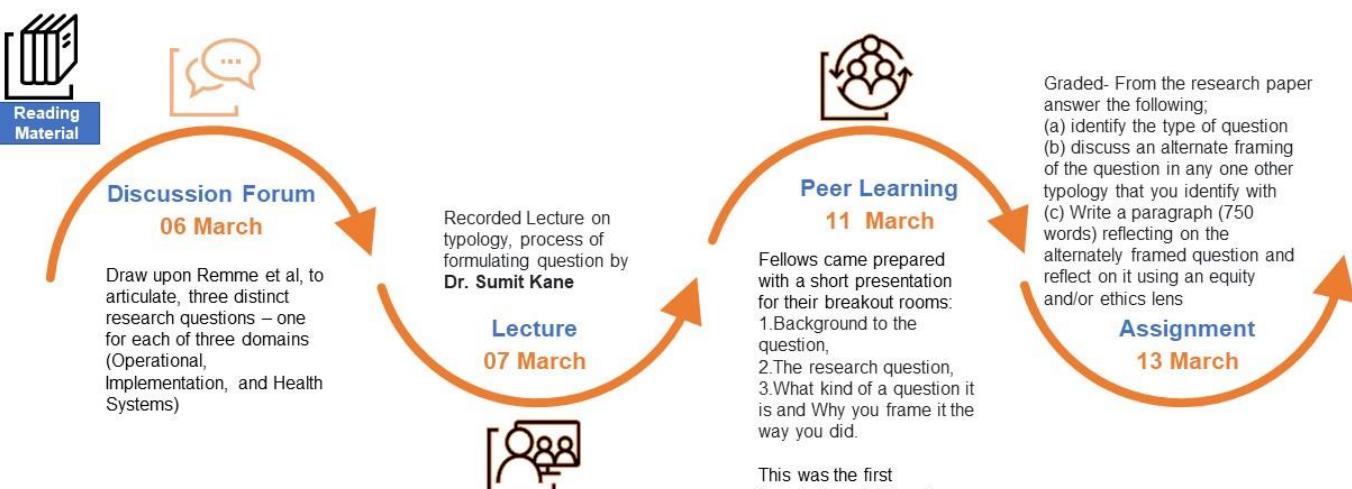


## Learning Outcome

Fellows will be able to describe the scope of Health Policy and Systems Research (HPSR), its origins, its defining features, concerns and values, its constituent research domains, and how they relate to each other

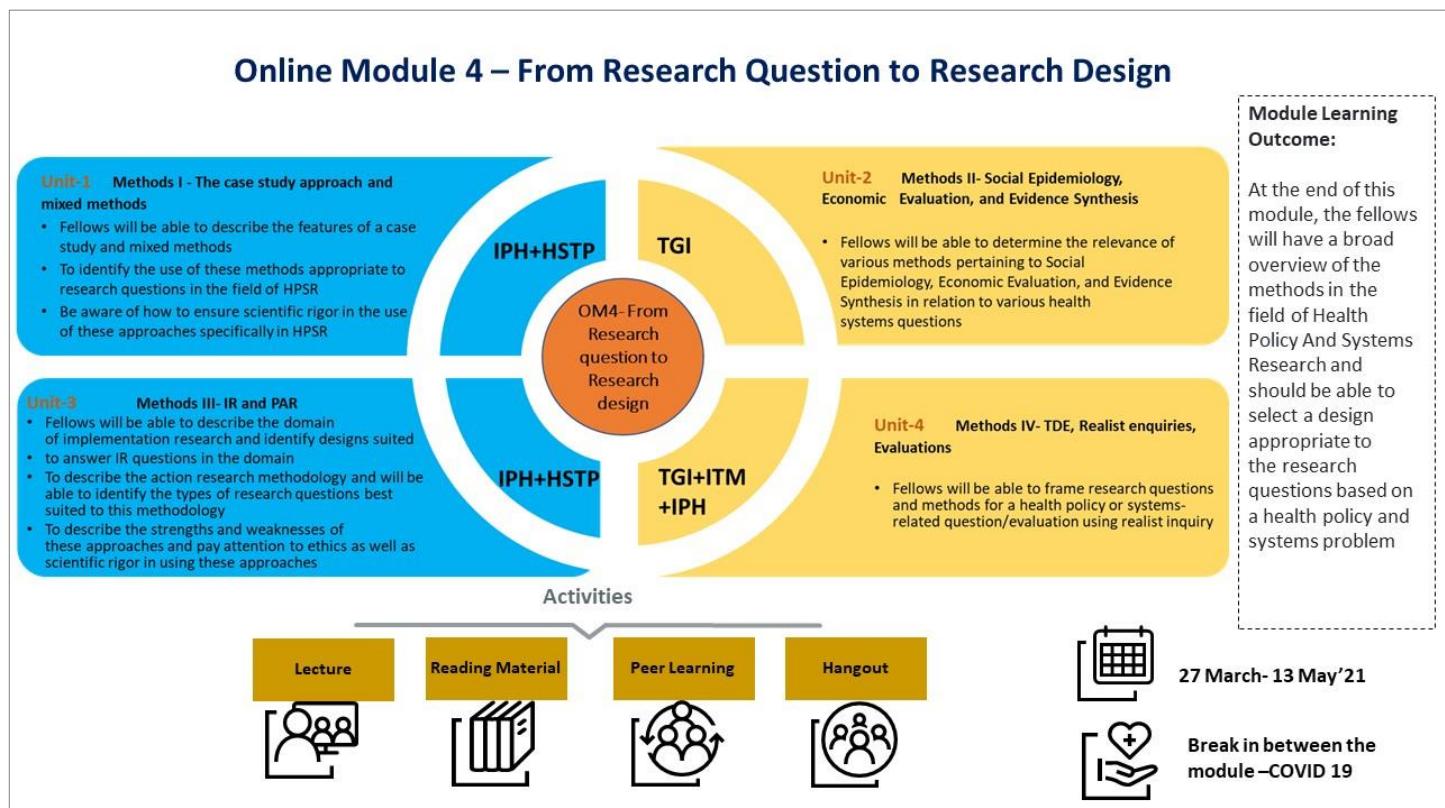
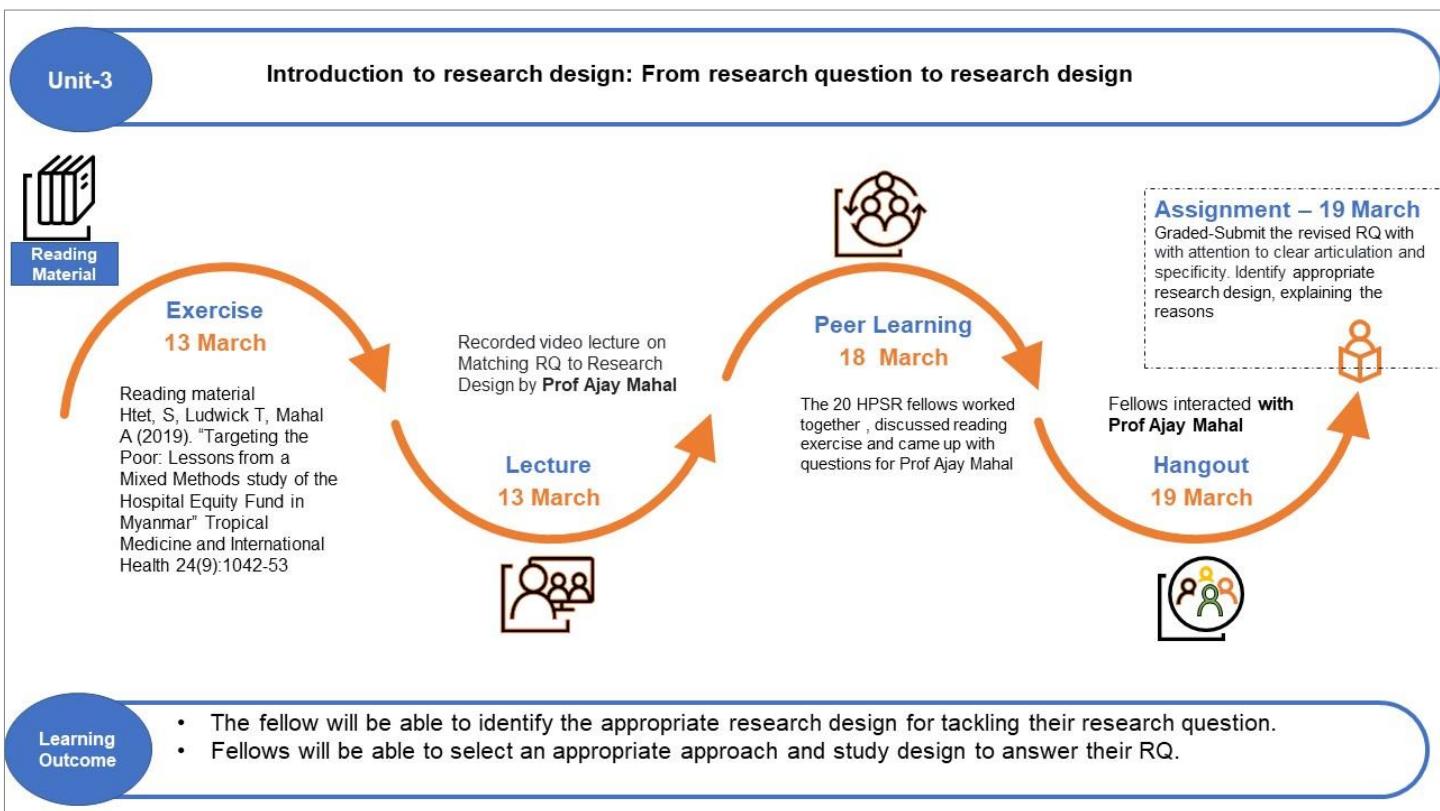
## Unit-2

### Framing the HPS Research Question (RQ)



## Learning Outcome

Fellow will be able to recognize the importance of defining research questions in HPSR, appreciate different kinds of HPS research questions, develop and frame research questions, and learn to prioritize from amongst alternative HPS research questions





## Unit-1

### Methods I - The case study approach and mixed methods

#### Lecture

Video lecture on **case study** by Dr. Dorothy Lall

#### Hangout Session

Hangout with the faculty to clarify doubts

27/03/2021

30/03/2021

03/04/2021

#### Lecture

Video lecture on **mixed methods** studies by Dr. Dorothy Lall



Reading Material

## Unit-2

### Methods II- Social Epidemiology, Economic Evaluation, and Evidence Synthesis

#### Lecture

Lecture on **Economic Evaluation** by Dr. Susmita Chatterjee

#### Exercise-1

A short video on **evidence synthesis** to be viewed before the 08 April'21 lecture

#### Lecture

Lecture on **Evidence Synthesis** by Dr. Soumyadeep Bhaumik

03/04/2021

05/04/2021

03/04/2021

08/04/2021

#### Lecture

Recorded video recording of lecture on **Social Epidemiology and Health Inequality Analysis** by Dr. Devaki Nambiar

#### Exercise-2

**Case Study-**  
Fellows were requested to read it carefully to start building the activity to be executed in U4.

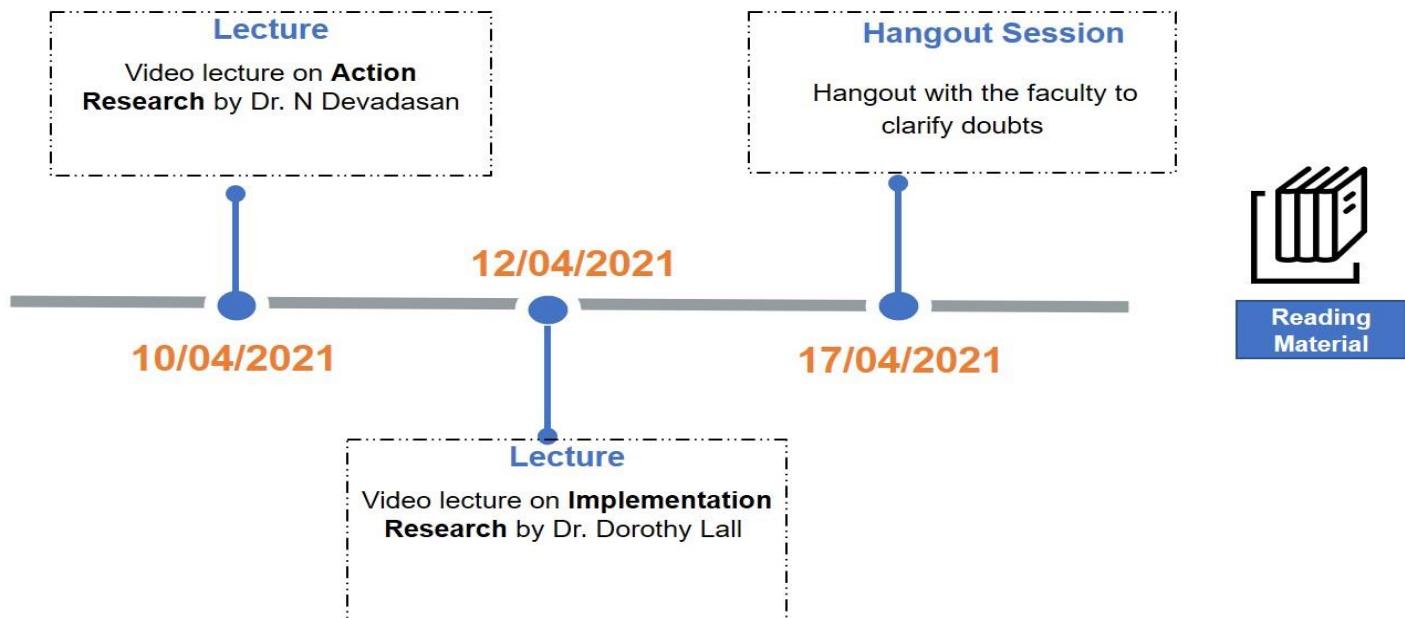


Reading Material



## Unit-3

### Methods III- Implementation Research and Action Research II- Social Epidemiology, Economic Evaluation, and Evidence Synthesis



10/04/2021

12/04/2021

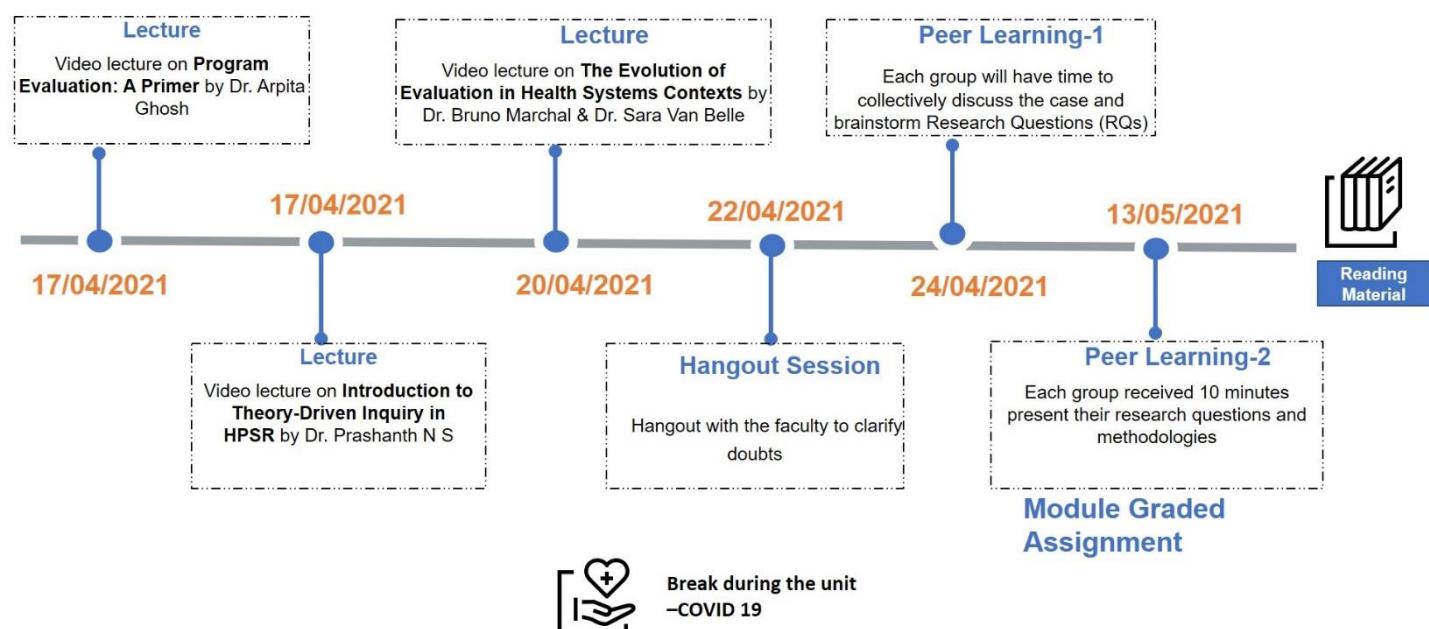
17/04/2021



Reading Material

## Unit-4

### Methods II- Social Epidemiology, Economic Evaluation, and Evidence Synthesis



17/04/2021

17/04/2021

20/04/2021

22/04/2021

24/04/2021

13/05/2021

Reading Material



### Hangout Session

Hangout with the faculty to clarify doubts

### Peer Learning-2

Each group received 10 minutes present their research questions and methodologies

### Module Graded Assignment



Break during the unit  
-COVID 19



## Online Module 5 – Writing a HPSR proposal

### Module Learning Outcome:

Develop, present and defend an HPSR Proposal that demonstrates integration of foundational concepts of HPSR, its core values and critical thinking



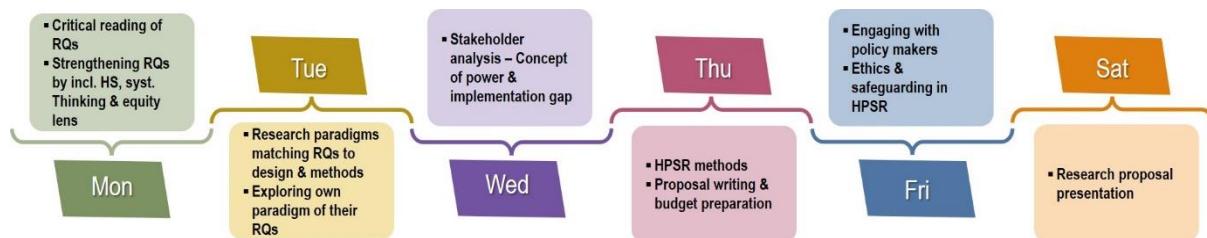
Faculty  
HSTP + IPH

22 May- 15 Jun 2021



## FACE-TO-FACE TRAINING SESSION (30 August – 4 September 2021)

The Face-to-Face training session was organised from 30 Aug - 4 Sept 2021 in New Delhi. The aim was to organise an in-person interaction with peers and faculty to strengthen the concepts taught in the online phase and allow fellows to reflect, refine & explore the paradigms of their research question further. The sessions were facilitated by N Devadasan, Dorothy Lall, Sumit Kane, Prashanth NS, Rakhal Gaitonde, Upendra Bhojani, Diljith Kannan, Devaki Nambiar & Surekha Garimella. A session on understanding policy interface for evidence-based decision making in health was organized with Ms Arti Ahuja (Additional Secretary, Ministry of Health & Family Welfare).



Training began with an overview of the attributes of a well-crafted research question (RQ). The fellows worked in groups to review each other's research questions in light of these attributes, and shared constructive feedback. Discussion highlighted appropriate use of words in framing a RQ, context of RQs; implications for RQs & its impact on policy, evolution of the RQ over time, policy analysis & discourse; narrowing down ambitious and broad questions, rooting RQs in some social problem, narrowing down the scope of study based on resources and data available, retaining scope to change the nature of question & including equity dimensions. RQs were further strengthened by including health systems, systems thinking & equity lens. Advancing the RQ, transformative value of research and critically engaging with literature was explored.

Each day the fellows presented their revised RQ after incorporating feedback from peers & faculty. Key terms & concepts of research process - recognition of different ontologies & epistemologies, the relation between these methods were discussed. Various paradigms such as positivism, interpretivism, realism and pragmatism along with the qualitative & quantitative enquiries were discussed. The importance of conceptual, analytical & theoretical frameworks was highlighted. The fluidity in the paradigms was acknowledged by the fellows.

A session was organized on understanding the policy interface. A conversation with Ms. Arti Ahuja, Additional Secretary, Ministry of Health & Family Welfare, detailed upon various means & processes by which government articulates its policies. The discussion highlighted importance of evidence-based research & its different facets such as data analysis, programmatic inputs & monitoring systems that are brought together on a single platform.

Sessions on stakeholder analysis and the concept of power explored the various sources, dimensions & expressions of power in the policy making process were discussed. Analysis of policy was also taken up and the fellows worked together on a case study to identify the main actors, their sources, spaces & levels at which they exercised power. Strategies to conduct an effective search for relevant documents and ways of analysing policy documents for the research were explored. Methods for HPSR - mixed-methods, Participatory Rural Appraisal, Case Study, conducting in-depth interviews and writing effective proposals including detailed budgeting were discussed at length.

The session on engaging with policy makers emphasized the importance of developing relationships with government actors as well as defining knowledge translation & various agenda setting, policy development or implementation factors. The importance of ethics & safeguarding in HPSR was



highlighted during the sessions. Necessity & need for ethical considerations that affect all aspects of a research study reflecting in its rigour was also discussed in detail. On the final day, the fellows presented their modified research proposals incorporating learnings & feedback received during the face-to-face session.

This workshop provided the opportunity for the India HPSR fellows, Cohort 2021 to interact with peers & faculty to strengthen the learnings carried over from the online phase. It also provided a platform to develop a collaborative network of health policy & systems researchers. By the end of this session, the fellows develop high value research proposals. These proposals will be screened by a scientific review panel of HPSR researchers. Fellows will now move to final phase of the program - the implementation & mentorship phase, where they will be mentored by national & international experts and conduct their research over a period of the next 12 months.

### **Agenda:**

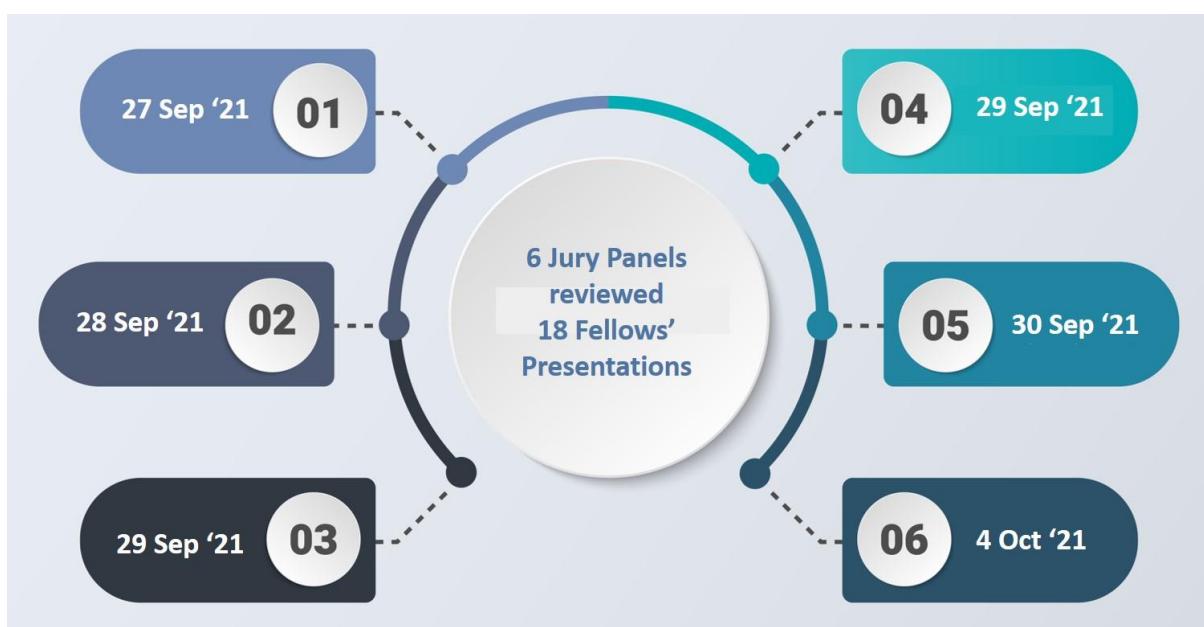
DATE	SESSION 1 9:00 to 10:30	SESSION 2 11:00 to 12:30	SESSION 3 13:30 to 15:00	SESSION 4 15:30 to 17:00	SESSION 5 17:30 to 18:30	
MON 30.08.21	Welcome address – Rajeev Sadanandan  Icebreaking session – N Devadasan	T E A  L U N C H	Types of RQs – Sumit Kane  Critical Reading of RQs – Fellows ( <i>Group Work</i> ) – Sumit Kane & Dorothy Lall	Strengthening RQs by including health systems, systems thinking and equity lens – Prashanth NS & Bruno Marchal	T E A  Revision of RQ keeping HS / ST / equity in mind <i>Group work</i> - Tutors	Making an effective PowerPoint presentation – N Devadasan
TUES 31.08.21	Presentation of revised RQ – 5 fellows	T E A  L U N C H	Research Paradigms Matching RQ to Design & Methods – Sumit Kane & Dorothy Lall	Reflections/Exploring own paradigm of their Research Question – Sumit Kane & Dorothy Lall	T E A  Revision of Design and Methods keeping RQ and paradigm in mind <i>Group work</i> - Tutors	Interaction with a Policy maker Ms. Arti Ahuja, AS Health, MoHFW, GoI
WED 01.09.21	Presentation of revised RQ + Methods – 5 fellows		HPSR Methods 1 – Stakeholder analysis – Concept of power – Implementation gap – Rakhal Gaitonde	HPSR Methods 1 – Stakeholder analysis – Concept of power – Implementation gap - Rakhal Gaitonde		Power Search using google - Diljith Kannan
THURS 02.09.21	Presentation of revised RQ + Methods – 5 fellows		HPSR Methods - Dorothy Lall	Writing a proposal + making a budget - N Devadasan		Analysis of Policy Documents – Upendra Bhojani
FRI 03.09.21	Presentation of revised RQ + Methods – 4 fellows		Engaging with policymakers – Devaki Nambiar	Ethics and Safeguarding in HPSR – Surekha Garimella & Devaki Nambiar		Finalizing their proposal. Individual work with peer support
SAT 04.09.21	Finalizing research proposal. Individual work with peer support		Finalizing research proposal. Individual work with peer support	Final Presentation to Peers		Final Presentation to Peers



## PRESENTATION OF RESEARCH PROPOSALS TO JURY MEMBERS (27 September – 4 October 2021)

The final research proposals were submitted by the Fellows in the week of 18-23 September. Thereafter, these proposals were reviewed by six panels of HPSR experts comprising the core faculty and [John Porter](#) (Professor, LSHTM), [Surekha Garimella](#) (Senior Research Fellow, TGI India) & [Rajesh Kumar](#) (Technical Advisor, HSTP). Each panel consisted of two core faculty and an external expert. The fellows were allotted 15 minutes to present their proposals, followed by a question & answer round by the panellists.

The final grades were allotted on the basis of the participation at the Face-to-Face Session and scoring by the Jury panellists. At the end of the review, 17 fellows from Cohort 2021 have been awarded a research grant to implement their research proposals.





## 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 an independent HPSR expert

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**N Devadasan** is the Adjunct Faculty at Institute of Public Health Bengaluru (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](#))

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



## FELLOWS COHORT 2021



**Akanksha Sonal, DM**  
Asst Professor, King George Medical University (KGMU), Lucknow

*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**  
Qualitative Researcher, George Institute of Global Health, New Delhi

*Research Interest:* Medical Devices, Universal Health Coverage



**Antony Stanley, MD**  
Research Associate, SCTIMST, Trivandrum

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



**Anuj Ghanekar, MSc**  
Social Anthropologist, Urban Health and Climate Resilience Center of Excellence (UHCRC), Surat

*Research Interest:* Urban Health, Climate Change, Nutrition



**Deepshikha Chhetri, MSc (Nutr)**  
Senior Analyst, The Ballot House (UK) India

*Research Interest:* Governance, Health Policy, RMNCH+A



**Deepak Behera, M Phil**  
Asst Professor, Manipal Academy of Higher Education

*Research Interest:* Health Financing, Health Economics, Health Technology



**Gitismita Naik, MD**  
Independent Researcher, Kolkata

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



**Harsha Joshi, MPH**  
Program Officer, India Primary Health Care Initiate, Johns Hopkins University, New Delhi

*Research Interest:* Primary Healthcare, Capacity Building



**Jithesh Veetilakath, MPH**  
Asst Director, Health Services, Kerala

*Research Interest:* Gender, Palliative Care, RMNCH+A



**Mintu Moni Sarma, M Phil**  
Program In charge, The Ant, Guwahati

*Research Interest:* RMNCH+A, Mental Health, Social Epidemiology



**Ponnambily Chandy, MSc Nurs**  
Asst Professor, Sathyabhama College of Nursing

*Research Interest:* Nursing, Adolescent Health



**Rekha M Ravindran**  
Sr Research Officer, State Health Systems Resource Centre, Trivandrum

*Research Interest:* Gerontology



**Sabu K Ulahannan**  
Impact Assessment Lead, Nourishing School Foundation

*Research Interest:* Nutrition, Epidemiology, Anthropometry



**Sapna Mishra**  
Independent Researcher

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



**Sunu C Thomas**  
Independent Researcher

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



**Tanu Anand**  
Scientist D, Indian Council of Medical Research (ICMR), Delhi

*Research Interest:* Mental Health, Tobacco Control, TB



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