INDIA HEALTH POLICY & SYSTEMS RESEARCH FELLOWSHIP PROGRAM

OVERVIEW

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HSTP
Health Systems Transformation Platform

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INDEX

BACKGROUND 4

What is HPSR? 4

Why is HPSR required in India? 4

GENESIS & OBJECTIVE 5

FUNDING OF INDIA HPSR FELLOWSHIP 6

PROGRAM DESIGN AND CURRICULUM DEVELOPMENT 6

COMPONENTS OF THE TRAINING PROGRAM 7

Learning Outcomes 7

Structure 8

ELIGIBILITY & SELECTION PROCESS FOR COHORT 2021 11

TRAINING PLAN FOR COHORT 2021 (Jan 2021 – Oct 2022) 11

INAUGURATION OF INDIA HPSR FELLOWSHIPS PROGRAM 12

ONLINE MODULE (January – June 2021) 13

FACE-TO-FACE TRAINING SESSION (30 August – 4 September 2021) 13

PRESENTATION OF RESEARCH PROPOSALS TO JURY MEMBERS 15

(27 September – 4 October 2021) 15

IMPLEMENTATION OF RESEARCH STUDIES (Nov 2021-Jun 2023) 15

ELIGIBILITY & SELECTION PROCESS FOR COHORT 2022 17

INAUGURATION & ORIENTATION FOR COHORT 2 17

ONLINE MODULE (April – October 2022) 18

SYNTHESIS SESSION (December 2023) 18

PRESENTATION OF RESEARCH PROPOSALS TO JURY MEMBERS (Jan 2023) 19

IMPLEMENTATION OF RESEARCH STUDIES (March 2023-March 2024) 19

ELIGIBILITY & SELECTION PROCESS FOR COHORT 2023 21

INAUGURATION & ORIENTATION FOR COHORT 3 21

ONLINE MODULE (April – October 2022) 22

FELLOWS COHORT 2021 24

FELLOWS COHORT 2022 25

FELLOWS COHORT 2023 26

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[1] 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.

[1] 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 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. The **face-to-face phase** consists of the Orientation at the beginning of the program and a Synthesis session at the end of the online modules. At the end of the face-to-face module, Fellows finalise their HPSR study and present it to a Jury. Those who 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
Course fellows	Mid-level Indian researchers from any social science discipline, e.g., epidemiologists, sociologists, economists, demographists, political scientists, managers, anthropologists, etc. Preference will be given to fellows who have completed a master's degree and have participated in research activities
Course duration	Six months of Online course + One week of face-to-face course + One year of mentoring for conducting HPSR study
Course content	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: **ONLINE PHASE** • Asking the research question using a health systems, complexity and equity lens • Analysing policies • Applying different research methods to answer the research question • Developing and managing a research proposal • Developing a plan to impact policy and practice **FACE TO FACE PHASE** • Deepening the understanding of HPSR, Policy Analysis and Using the appropriate design and methods to develop and submit a final HPSR proposal. **MENTORING & IMPLEMENTATON PHASE** • Conducting an HPSR study • Mentoring & Implementation Phase • Online phase for deepening their understanding of HPSR
Expected outcomes	**2021-2024** • 60 HPSR researchers in the country from preferably 20 different institutions • A community of practice of HPSR researchers

COHORT 1

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.

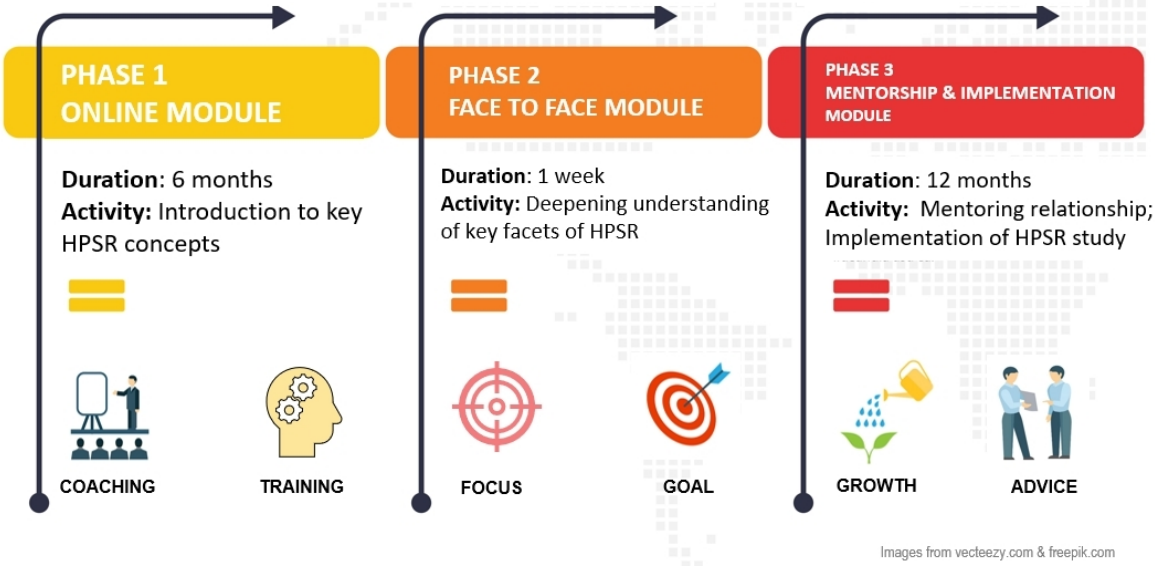
- The selection committee consisted of forty (40) Indian and global public health professionals, program facilitators and mentors, and senior practitioners of HPSR who were involved in the curriculum drafting process.
- The Applicants were ranked based on the average scores and 30 applications were shortlisted. 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 (Jan 2021 – Oct 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.

- 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

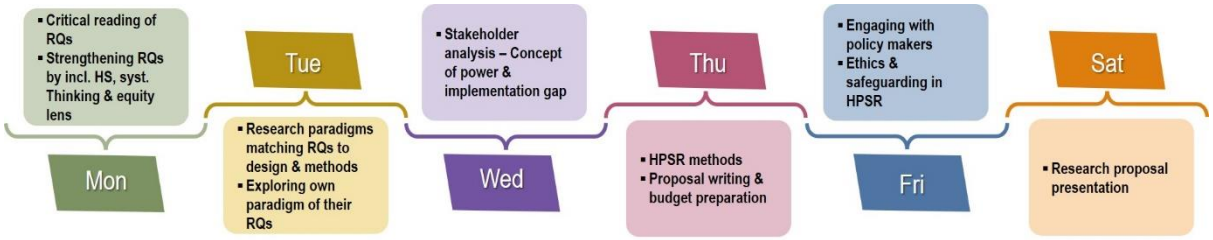
The five modules and respective timelines for each component of the Online Module is highlighted below:

Date	Activity
08/01/2021	Launch of orientation week
15/01/2021	Inauguration of the course
15/01/2021	Launch of Module 1 Unit 1 – Introduction to Health Systems
23/01/2021	Launch of Module 1 Unit 2 – Introduction to Systems Thinking
30/01/2021	Launch of Module 1 Unit 3 – Introduction to Complexity
06/02/2021	Launch of Module 2 Unit 1 – Introduction to Health Policy
13/02/2021	Launch of Module 2 Unit 2 – Introduction to Health Policy Analysis
20/02/2021	Launch of Module 2 Unit 3 – Introduction to Power and Stakeholder analysis
27/02/2021	Launch of Module 3 Unit 1 – Introduction to HPSR
06/03/2021	Launch of Module 3 Unit 2 – Introduction to HPSR Research questions
13/03/2021	Launch of Module 3 Unit 3 – From Research Question to Research Design
20/03/2021	Launch of Module 4 Unit 1 – Introduction to Ethnography etc
27/03/2021	Launch of Module 4 Unit 2 – Introduction to Social Epidemiology etc
03/04/2021	Launch of Module 4 Unit 3 – Introduction to Theory Driven Enquiry etc
10/04/2021	Launch of Module 4 Unit 4 – Introduction to Implementation Research etc
17/04/2021	Launch of Module 5 Unit 1 – Introduction to Proposal writing etc
24/04/2021	Launch of Module 5 Unit 2 – Online phase - Final assessment
15/05/2021	Submission of Final assessment
29/05/2021	Release of results of Final assessment
13/06/2021	Start of Face-to-Face phase
21/06/2021	Presentation of proposal to jury
25/06/2021	Release of results of Face-to-Face presentation

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.

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.

IMPLEMENTATION OF RESEARCH STUDIES (Nov 2021-Jun 2023)

The contracting process for the 17 fellows was undertaken. During this phase, 2 fellows had to drop out due to professional obligations and other competing issues, thereby leaving a total of 15 fellows proceeding to the final phase of the fellowship program. A no cost extension was granted in November 2022 for the fellows to complete their research studies by June 2023, to accommodate the delays in the contracting process. Of the 15 fellows, 10 have completed their study and submitted final reports by June 2023.

COHORT 2

ELIGIBILITY & SELECTION PROCESS FOR COHORT 2022

- Participant selection for Cohort 2022 was done through an open and competitive call for application which was opened for November-December 2021 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 90 applications were received. Of this 47% were women and the median age of applicants was 36 years. Among the applicants, 24% had a doctoral degree.

- 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 twenty-two (22) 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 top 29 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 5 wait-listed candidates were identified.

INAUGURATION & ORIENTATION FOR COHORT 2

The inauguration and an introductory Face-to-Face training for Cohort 2022 was held from 4-7 April 2022 at New Delhi. Vinod K Paul, Member (Health) NITI Aayog and Abdul Ghaffar, Executive Director, WHO Alliance for Health Policy & Systems Research were keynote speakers. The face to face training session was organised for an in-person interaction with peers and faculty to introduce the fellowship program & HPSR concepts to be taught in the subsequent months. Sessions were facilitated by Devaki Nambiar, Dorothy Lall, N Devadasan, Prashanth NS, Rakhal Gaitonde & Sumit Kane.

Training focussed on introduction to systems and policies along with an overview of HPSR. Over the four-day period, fellows worked on identifying, articulating problems in HPSR and were introduced to types of research questions as well as concept of systems thinking. The workshop focussed on refining problems and fellows' proposed research questions. This was organised through peer learning activities, group work, presentations, discussions, and lecture sessions by faculty.

ONLINE MODULE (April – October 2022)

Based on the experiences from Cohort 1, a detailed curriculum revision with respective faculty was undertaken. The inputs were used to modify the curriculum for second cohort. The five modules and respective timelines for each component of the Online Module is highlighted below:

Date	Activity
04 – 07 April	Inauguration of the course & Introductory Face to Face Session
25 April	Launch of Module 1 Unit 1 – Introduction to Health Systems
13 May	Launch of Module 1 Unit 2 – Introduction to Systems Thinking
20 May	Launch of Module 1 Unit 3 – Introduction to Complexity
27 May	Launch of Module 2 Unit 1 – Introduction to Health Policy and the policy process
03 June	Launch of Module 2 Unit 2 – Exploring the dimension of the policy triangle
10 June	Launch of Module 2 Unit 3 – Building the policy triangle
17 – 24 Jun '22 Catch up Week	
24 June	Launch of Module 3 Unit 1 – What is HPSR? Characteristics of HPSR, Tools used in HPSR, Values in HPSR
1 July	Launch of Module 3 Unit 2 – Framing the HPS Research Question
8 July	Launch of Module 3 Unit 3 – Introduction to research design: From research question to research design
15 July	Launch of Module 4 Unit 1 –Methods I - The case study approach and mixed methods
22 July	Launch of Module 4 Unit 2 –Methods II- Social Epidemiology, Economic Evaluation and Evidence Synthesis
29 July	Launch of Module 4 Unit 3 –Methods III- IR and PAR
05 Aug	Launch of Module 4 Unit 4 –Methods IV- TDE, Realist enquiries, Evaluations
19 Aug	Launch of Module 5 Unit 1 – Writing a HPS research proposal (Technical)
12 Sept	Launch of Module 5 Unit 2 – Writing a HPS research proposal (Administrative) *last session on 19 Sept*
16 Oct	Submission of HPSR proposal

SYNTHESIS SESSION (December 2023)

Synthesis Session was organised (13-14 Dec 2022) for an in-person interaction with peers and faculty to synthesise the learnings from the program till date and reinforce HPSR concepts taught in the induction and online phase. Sessions were facilitated by N Devadasan, Devaki Nambiar, Dorothy Lall, Prashanth NS & Rakhal Gaitonde. An experience sharing session with Cohort 2021 fellows Anuj Ghanekar, Ankita Mukherjee, Ponnambily Chandy & Tanu Anand was also conducted.

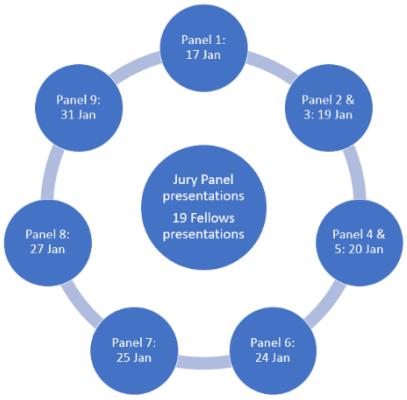
The focus of the sessions was on guiding fellows to refine their research problem, research question and analyse the problem using a systems perspective. Fellows received comprehensive feedback from peers & faculty to help elaborate and refine their appropriate research design and methods. Over the two-days, fellows participated in sessions on

integrating ethics into research, conducting stakeholder analysis and presenting their research proposal. This was organised through peer learning activities, group work, presentations, discussions, and lecture sessions by faculty. This report provides a summary of proceedings and learnings. (Detailed agenda is in page 5).

Policy Engagement Session was organized with Dr Manohar Agnani (Additional Secretary, Ministry of Health & Family Welfare) where the fellows interacted to understand policy interface for evidence-based decision making in health. Dr Agnani detailed upon various means & processes by which government articulates its policies. Discussions revolved around navigating political priorities, intersectoral collaborations with research outputs, the genesis of various existing health schemes, leveraging academia & available resource into the policymaking process etc. The interaction highlighted importance of evidence-based research with practical examples & it's role in bringing about a change in policies & practices.

PRESENTATION OF RESEARCH PROPOSALS TO JURY MEMBERS (Jan 2023)

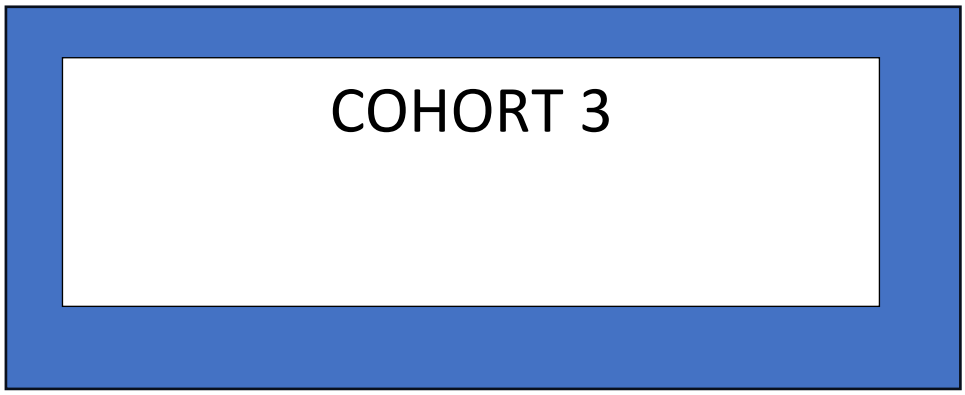
The final research proposals were submitted by the Fellows in January. Thereafter, these proposals were reviewed by nine panels of HPSR experts comprising the core faculty and external HPSR experts Asha George (Professor, UWC), Bart Criel (Professor, ITM), Kerry Scott (Associate, JHU), Mathew George (Professor, CUK), Pragati Hebbar (Faculty, IPH), Rama Baru (Professor, JNU), Ritu Priya (Professor, JNU), Seye Abimbola (Associate Professor, USYD), Upendra Bhojani (Director, IPH).



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, 19 fellows from Cohort 2022 have been awarded a research grant to implement their research proposals.

IMPLEMENTATION OF RESEARCH STUDIES (March 2023-March 2024)

All 19 fellows passed the jury presentations. However, one fellow had to drop out due to professional engagements and 18 fellows are currently implementing their HPSR studies under the guidance of a mentor.


COHORT 3

ELIGIBILITY & SELECTION PROCESS FOR COHORT 2023

- Participant selection for Cohort 2023 was done through an open and competitive call for application which was opened for November-December 2022 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 80 applications were received. Of this 50% were women and the maximum number of applicants were between 31-40 years. Majority of the applicants had a Masters degree in public health.
- Initially a 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 twenty-two (22) 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 top 36 applications were shortlisted. In the next phase, these shortlisted candidates were given a period of two weeks to discuss their proposed problem with a stakeholder for inputs on the proposed problems.
- Thereafter, nine panels, with 2 faculty each, conducted the interviews from 27 March to 6 April 2023.
- In the final stage, 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 5 wait-listed candidates were identified.

INAUGURATION & ORIENTATION FOR COHORT 3

The orientation session commenced with an inaugural session. Dr Rajiv Bahl, the Director General of ICMR, emphasized the importance of HPSR, particularly implementation research. He encouraged the selected participants to wholeheartedly embrace HPSR and expressed his hope that even if a small percentage of them became proficient HPSR researchers, they could bring about significant changes in India's health system. The inaugural session featured speeches by the CEO of HSTP (Sri Rajeev Sadanandan), the Course Director of the India HPSR Fellowship Programme (Dr N. Devadasan), a sharing of experiences by a fellow from Cohort 2021 (Ms. Ponnambily), a keynote address by the head of the Nossal Institute of Global Health (Prof. Barbara McPake), and a vote of thanks by the

Course Coordinator of the IHPSRFP (Ms. Shilpa John). Subsequently, the participants had an opportunity to interact with a policymaker, Sri Rajeev Sadanandan. The participants shared their experiences while interacting with policymakers and sought clarity on how to approach such interactions. Sri Sadanandan attempted to alleviate their concerns by stating that policymakers are also human beings like them. The main difference is that policymakers typically lack the patience to wait for the outcomes of a research study; they desire answers as soon as possible. Additionally, policymakers seek answers to the "why" and "how" questions, whereas researchers appear to be more comfortable addressing the "what" questions. This mismatch needs to be rectified, and Sri Sadanandan expressed his hope that the IHPSRFP would help participants shift their focus from problem description to problem-solving. In the afternoon, Dr N. Devadasan introduced the participants to HPSR. He explained what a health system entails, introduced them to concepts such as systems thinking and complexity, and provided an overview of the policy process. He concluded by emphasizing that HPSR is focused on real-world health problems, requires a multidisciplinary approach, and, most importantly, aims to answer the questions posed by policymakers, practitioners, and the public. On Day 2, Dr Prashanth NS expanded upon the concepts of health systems and introduced various health systems frameworks used in research. He then assigned group exercises to the participants, highlighting the need to view health problems holistically through a systems approach. In the afternoon, Dr Sudha Ramani presented three case studies to demonstrate how policymaking can be influenced by (un) stated words and phrases. She used these case studies to explore potential health policy questions. Day 3 commenced with a discussion on the characteristics of a good HPSR research question. Dr Sumit Kane and Dr Dorothy Lall emphasized that a HPSR research question should address a clear knowledge or practice gap, consider the needs of end users, and incorporate their perspectives during the drafting process. They also stressed that HPSR is not solely about generating knowledge but also about driving change and improving the performance of health systems. This session concluded with group work, during which participants were tasked with formulating research questions based on given problems. Dr Devaki Nambiar then introduced the participants to diverse research methods that can be used in HPSR through an interactive game. She demonstrated the importance of aligning the research question with the appropriate research method.

ONLINE MODULE (April – October 2022)

The curriculum for the third cohort was further modified, based on the experiences from the previous two cohorts. The learning outcomes and tasks have been refined further in line with feedback from faculty and fellows from previous cohorts. At present the second online module is ongoing and fellows are expected to complete the online module by October 2023.

CORE FACULTY

	Bruno Marchal is Associate Professor and head of the Health Systems unit at Institute of Tropical Medicine, Antwerp (More details here)
	Devaki Nambiar is Program Head – Health Systems and Equity at the George Institute for Global Health India (More details here)
	Dorothy Lall is a Faculty at Christian Medical College Vellore (More details here)
	N Devadasan is the Course Director of India HPSR Fellowship program.
	Prashanth NS is Director (Research) at Institute of Public Health Bengaluru (More details here)
	Rakhal Gaitonde is Professor of Public Health at Achutha Menon Centre for Health Science Studies (More details here)
	Sara Van Belle is a faculty at Institute of Tropical Medicine, Antwerp. (More details here)
	Sumit Kane is Professor & Head, Social & Cultural Dimensions of Health Systems at Nossal Institute for Global Health (More details here)
	Sudha Ramani is an independent HPSR expert

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

Anika Juneja,

PhD fellow, Institute of Public Health Bengaluru

Mentor: Prof. Nakkeeran Nanjappan, Dr BR Ambedkar University

Research: How neighbourhood shapes access to healthcare for two Adivasi communities in central and southern India?

Antony Stanley,

Research Associate, Sree Chitra Tirunal Institute of Medical Sciences & Technology

Mentor: Prof. Jeemon P, SCTIMST

Research: Which is the most cost-effective renal replacement therapy among HD, CAPD and renal transplantation?

What are the determinants and dynamics of treatment decision making regarding end-stage renal disease patients in Kerala?

Sabu K U,

Institute of Public Health Bengaluru

Mentor: Prof. Kara Hanson, London School of Hygiene & Tropical Medicine

Research: How, why and under what condition has the POSHAN Abhiyaan program contributed to the changes in Anganwadi service delivery, service utilisation and child nutritional status of the Paniya community?

Ankita Mukherjee,

Qualitative Researcher, The George Institute for Global Health India

Mentor: Dr Rajani Ved, BMGF, India

Research: What are the facilitators and barriers that can impact the capacity of rural Health and Wellness Centres (HWCs) to operationalize mental health related guidelines in Faridabad district in the state of Haryana?

Jithesh V,

Asst Director, Kerala Health Services

Mentor: Dr Kerry Scott, Johns Hopkins Bloomberg School of Public Health

Research: What individual, community and health system factors underpin the Paniya community's low utilization of government health care services in Wayanad, Kerala?

Deepshikha Chhetri,

Senior Analyst, The Ballot House (UK)

Mentor: Prof. Asha George, School of Public Health, UWC

Research: Health System Facilitators and Barriers in influencing Early Initiation of Breastfeeding (EIBF) among rural women in an aspirational district of Haryana: A qualitative study

Mintu Moni Sarma,

Programme in Charge, The Ant

Mentor: Dr Renu Khanna, Sahaj

Research: Why patients are visiting the non-specialized paid services provided by non-government entity for mentally ill, despite having specialized public health facilities, in a district of lower Assam, affected by repeated violent conflicts?

Tanu Anand,

Scientist D, Indian Council of Medical Research

Mentor: Prof. Shankar Prinja, School of Public Health, PGIMER

Research: What are morbidity profile, patterns of healthcare utilization and out of expenditure on healthcare among elderly and factors (socio-demographic, economic and clinical) associated with them in Longitudinal Ageing Study of India Wave 1?

Harsha Joshi,

Program Officer, India Primary Healthcare Support Initiative Project

Mentor: Prof.Helen Schneider, School of Public Health, UWC

Research: How is health equity conceptualized in the national 'Health and Wellness Centre' policy documents in India?

Ponnambily Chandy,

Asst Professor, Sathyabhama College of Nursing

Mentor: Prof. Bart Criel, ITM Antwerp

Research: What are the systemic determinants and policy responses of nurse turnover in rural primary health centers in Tamil Nadu?

Akanksha Sonal,

Asst Professor, King George Medical University

Mentor: Dr Sumegha Asthana, Independent Expert

Research: How are mental health needs of older adults addressed in policies and programs of central and different state governments of India?

Anuj Ghanekar,

Social Anthropologist.

Mentor: Prof. Greg Armstrong, Nossal Institute for Global Health

Research: What processes and mechanisms determine the responsiveness of urban primary health centers in Surat towards primary healthcare of adolescents in order to implement RKSK?

Gitismita Naik,

Independent Researcher

Mentor: Dr Sridhar Kadam, Indian Institute of Public Health Bhubhaneswar

Research: Why are there barriers to Antenatal care for Hypertensive Disorders of Pregnancy at primary level health system in Nadia district of West Bengal? What works in providing standard antenatal care at primary level health system for Hypertensive Disorders of Pregnancy?

Rekha Ravindran,

Senior Research Officer, State Health Systems Resource Centre

Mentor: Dr Jagnoor Jagnoor, The George Institute of Global Health

Research: How well is the State Trauma Action Plan being implemented in Kerala, India?

FELLOWS COHORT 2022

FELLOWS COHORT 2023

Anjali Krishnan R
Research Officer, SHSRC

Dama Khillo
Program Manager, Piramal Swasthya

Hariom Kumar Solanki
Assistant Professor, GIMS

Priyanka Paul
Sr. Program Officer, Ipas

Jackwin Sam Paul
Assistant Professor, CMC Vellore

Mahalakshmy Thulasingam
Additional Professor, JIPMER

Swathi Krishna.N
Young Investigator-PRERNA, KEM HRC

Adrija Roy
Research Officer, AMCHSS

Manikanda Nesan
Consultant, SAFETYNET

Mohit Sood
Project Coordinator, Sangath

Shubham Gupta
Sr. Manager- Research, Sambodhi

Rahul Rauny
Independent Researcher

Vignesh L
Sr Resident, JIPMER

Sanjeev Kumar
Additional Professor, AIIMS Bhopal

Amit Dhage
Community Health Physician, JSS

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Yasir Alvi
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