# India Health Policy and Systems Research Fellowship Program

# Report of the Orientation Module Cohort, 2023

**Date: 2 to 4 May 2023**
**Venue: ISID, New Delhi**

## EXECUTIVE SUMMARY

Health Policy and Systems Research (HPSR) is a new approach to public health research that focuses on understanding and solving real-world health problems. Examples of HPSR include implementation research, action research, and evaluation research.

The India HPSR Fellowship Programme (IHPSRFP) has entered its third year with the selection and orientation of Cohort 2023. Like previous cohorts, this group consists of participants from different states, encompassing various disciplines, and they are eager to embark on their new journey.

Figure 1: Profile of Cohort 2023:
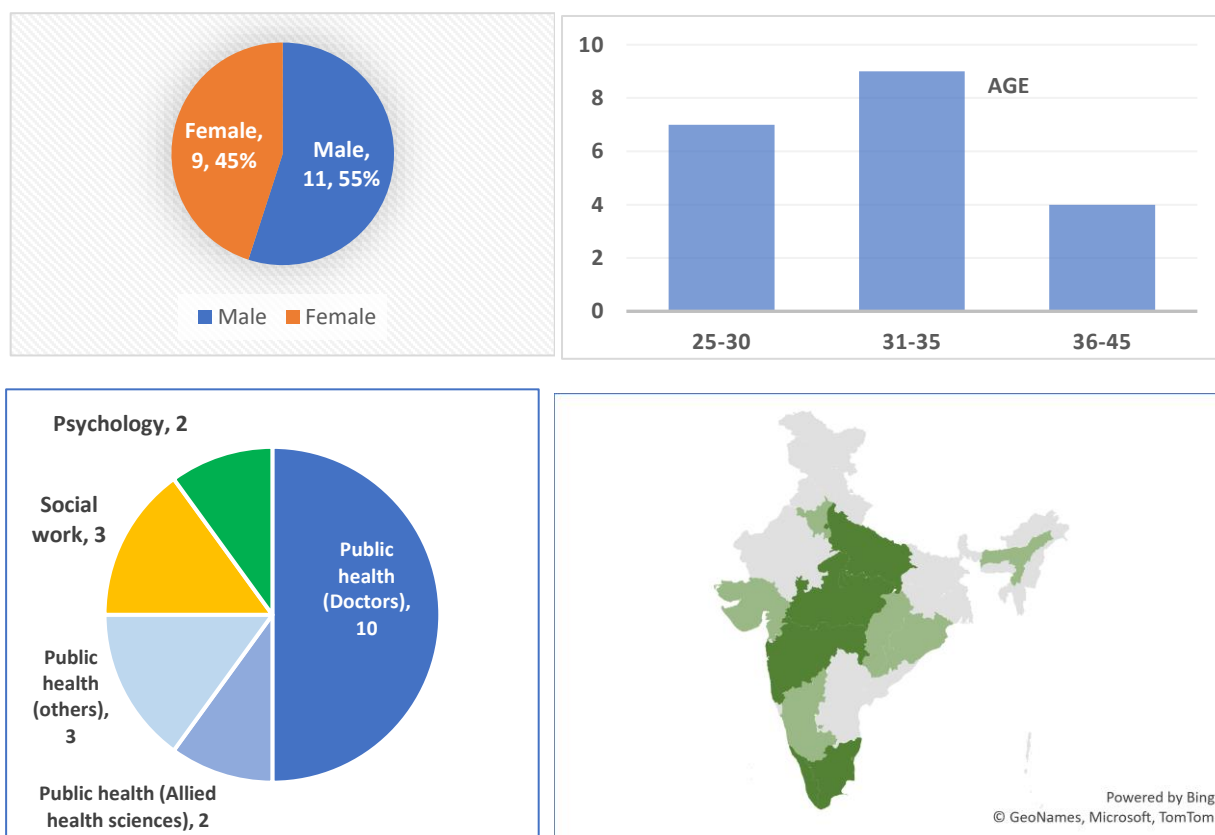


The main aim of the IHPSR fellowship program is to build the capacity of Indian researchers so that they can conduct quality HPSR.

**The broad agenda of the orientation programme is given below:**

|  | Session 1 | Session 2 | Session 3 |
|---|---|---|---|
| **02/05/2023** | Inauguration by DG ICMR | Session with CEO of HSTP | Overview of HPSR |
| **03/05/2023** | Introduction to Health Systems | Introduction to Health Policy | |
| **04/05/2023** | Introduction to HPSR | Introduction to HPSR methods | Conclusion |

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. For example, if the research question is explanatory in nature, methods that help explain the problem or phenomenon should be employed (both quantitative and qualitative methods).

The orientation module concluded with a Q&A session, followed by the participants evaluating the module. The module was graded using a set of 10 multiple-choice questions (MCQs) administered both at the beginning and the end of the module. While most participants showed a significant increase in their post-test scores, there were some who did not improve sufficiently.

**FIGURE 2: PERFORMANCE OF PARTICIPANTS (PRE AND POST-TEST SCORES):**

**Pre and post test scores**
Cohort 2023: Orientation Session
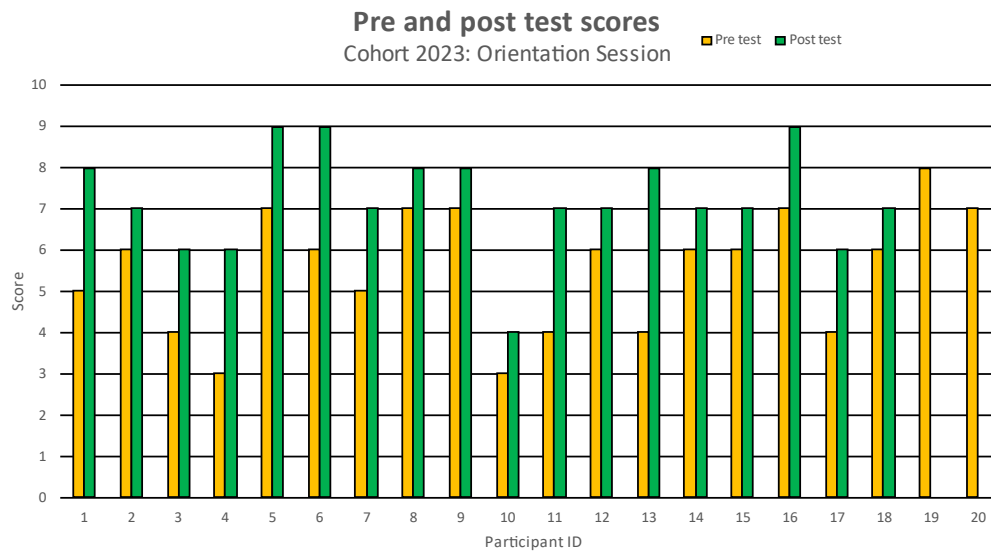


The participants were asked to submit an orientation assignment within 15 days. They were expected to identify and articulate the problem that they would like to address, explaining why it is a problem (based on their experience and supported with literature as well as discussions with the relevant stakeholders). The submitted responses indicated that while a few were able to articulate a very specific research problem, most of the others were still not able to focus. Their research problems were very broad: "*I want to study why women still suffer from anaemia in India.*" Further, their research problems were not validated with either local data or discussions with stakeholders. In many instances, the problem remained at the "participant's opinion" stage. The scoring of the assignment is given below.

**FIGURE 3: ORIENTATION MODULE'S ASSIGNMENT SCORES (%):**



**Cohort 2023: Orientation Assignment**
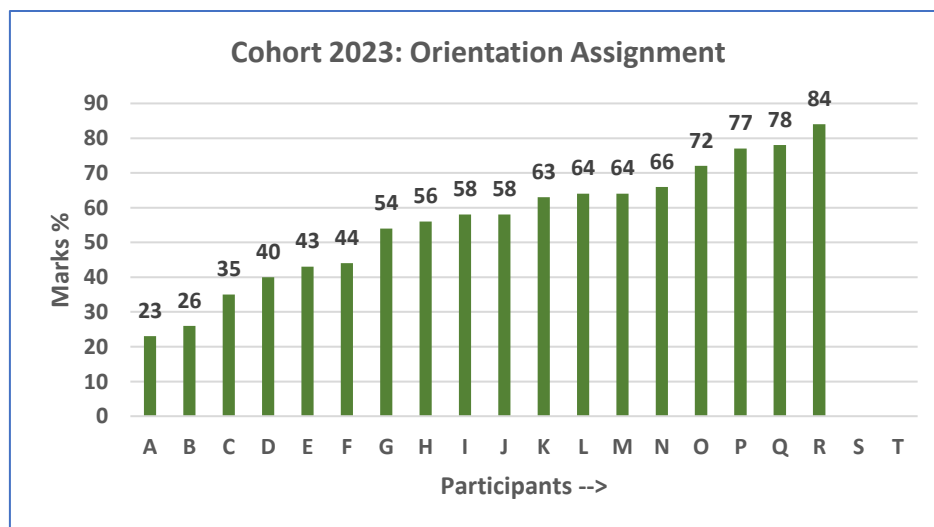
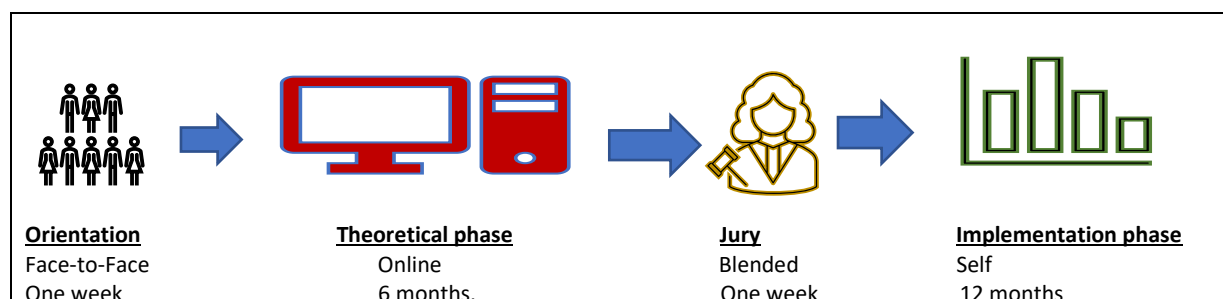THIS PAGE IS INTENTIONALLY KEPT BLANK

## INTRODUCTION AND OBJECTIVES:

The third cohort of the India HPSR Fellowship Program commenced with a three-day orientation workshop from May 2nd to 4th, 2023, at ISID in New Delhi. The workshop aimed to provide HPSR fellows with an overview of HPSR, equipping them with the necessary knowledge and skills for their research projects. A total of 20 fellows from cohort 2023 were selected for the HPSR program. The workshop brought together renowned experts in the field, including Dr Bahl, Secretary to the GoI, Dept. of Health Research, and Director General of the Indian Council of Medical Research (Chief Guest), and Professor Barbara McPake from Nossal Institute of Global Health, Australia, who delivered the keynote address. The sessions were facilitated by Dr N. Devadasan (HPSR Course Director), Dr Prashanth NS, Dr Sudha Ramani, Dr Dorothy Lall, Dr Sumit Kane, Dr Devaki Nambiar, and Dr Rakhal Gaitonde. The orientation covered topics such as health systems and frameworks, health policy analysis, HPSR research questions, and research methods in HPSR. This summary report provides an overview of the face-to-face orientation methodology, key learnings, and the way forward. Further details, including the agenda, participant list, and pre-post assessment, are included in Annexures 1, 2, and 3.

**The aim of the fellowship program is to enhance the capacity of mid-career public health professionals in HPSR methods to strengthen evidence-based policymaking in health.** This blended training program, spread over a period of 18 months, includes face-to-face orientation, online sessions, face-to-face synthesis, implementation, and mentorship for conducting the India HPSR study. An initiative of the Health Systems Transformation Platform, the fellowship is organized in collaboration with eminent partners and supported by Tata Trusts, the Bill and Melinda Gates Foundation, and ACCESS Health International.

FIGURE 4: THE COURSE:



| Orientation | Theoretical phase | Jury | Implementation phase |
|---|---|---|---|
| Face-to-Face | Online | Blended | Self |
| One week | 6 months. | One week | 12 months |

## PROCEEDINGS: DAY-1

The orientation began with a series of informative sessions. On the first day, the focus was on introducing the fellows to the broader concepts of health policy and health systems research. Sri Rajeev Sadanandan delivered opening remarks, followed by Dr N. Devadasan providing an overview of the India HPSR fellowship program. The chief guest, Dr Rajiv Bahl, gave an inaugural address, and Ms Ponamballi a fellow from cohort 2021 shared the achievements of an India HPSR project. Prof. Barbara McPake delivered a keynote address virtually, and an icebreaker exercise was conducted by Rugma M. Additionally, there was an interactive session between the fellows and the CEO of HSTP. Later in the day, the fellows were introduced to the concepts of health systems, health policy, and HPSR. This included discussing the significance of HPSR and the steps involved in conducting it.

## Opening Remarks by Sri Rajeev Sadanandan, CEO HSTP:

In his welcoming opening remarks, Sri Rajeev Sadanandan emphasized the goal of the program, which is to bridge the gap between policymakers and research in the health sector. He highlighted the importance of generating evidence to assist policymakers and emphasized the need to demonstrate that research is not esoteric but can lead to practical solutions. The HSTP aims to work closely with states to showcase the value of research in the healthcare domain.

## Overview of India HPSR Fellowship Program by Dr N Devadasan, India HPSR Course Director:

He provided an overview of Health Policy and System Research (HPSR). He emphasized that HPSR is unique in its ability to address complex questions related to health systems and services. HPSR aims to provide answers to policymakers by understanding why certain issues are occurring and how they can be resolved. The HPSR Alliance, a WHO-based organization, promotes HPSR in India. The program was established in 2020 through collaboration with eight institutions. The curriculum is developed in-house and is tailored to the Indian context. The program benefits from a wide network of well-wishers who assist in the selection process. Faculty members from different institutions have shown great enthusiasm in mentoring the fellows. To date, the program has identified 60 fellows across three cohorts, with 20 of them already receiving research grants and actively engaging with policymakers. Dr Devadasan also highlighted the various components of the 18-month HPSR fellowship program and introduced the core faculty members who will be involved in the program.

## Inaugural Address by Dr Rajiv Bahl (Chief Guest)

Dr Rajiv Bahl, the Secretary to the Government of India's Department of Health Research and the Director General of ICMR, is a globally recognized physician-scientist and public health expert with over three decades of experience in leading and translating health research into public health policy both in India and across the globe. In his inaugural address, he highlighted the advances made in research from the early days of cluster randomized trials to the current methods being used. He described how terms have evolved from implementation research to delivery research, emphasizing the importance of understanding why certain things are being implemented or not and finding solutions to address those challenges.

Dr Bahl emphasized the need to align current research and policy to strengthen comprehensive primary healthcare. He highlighted the significance of HPSR as a new approach to research that addresses key questions sought by policymakers and practitioners. He also mentioned the work of the Institute of Public Health, Bengaluru, in setting up a field station with the Sholiga tribals. Starting with a small grant, the program has grown into a long-term initiative focused on implementation research with Adivasi communities.

Dr Bahl said that he would be very happy if even a small percentage of the participants would become skilled HPSR researchers. He emphasized the importance of focusing on the health system, policy, and implementation. He stated that those skilled in implementation research would have a significant advantage and their contributions would be impactful if they shared and expanded their skills.

While interacting with Dr Bahl, the fellows shared their positive experiences of interacting with their local policymakers and refining their research proposals based on the feedback received.

*For more details, the recording of his address is available on the India HPSR website and YouTube.*

## Achievement of an India HPSR Fellow from cohort 2021 (virtual interaction):

Ms Ponnambily Jobin, the Head of the Department of Nursing Research at Satyam College of Nursing in Tamil Nadu and a recipient of the India HPSR Fellowship in 2021, shared her transformative journey as a fellow. She focused on studying the health system determinants in Tamil Nadu that contribute to the high turnover of nurses. Ms Jobin's research followed a systematic approach, including rapid and systematic literature reviews, the development of a "Quality and Go Report" framework, policy engagement, and dissemination of findings through publications. The outcomes of her research led to policy and guideline changes in nurse recruitment, shifting from a centralized approach in 2022 (single-window recruitment system) to a decentralised district health society recruitment system. These changes promoted pay parity and other improvements in Tamil Nadu.

*For more details, the recording is available on the [India HPSR website and YouTube](#).*

## Keynote Address by Professor Barbara McPake (pre-recording virtual):

Professor Barbara McPake delivered the Keynote address online. She is a highly experienced health economist specializing in HPSR. With over 30 years of expertise, she has held prominent positions including heading the Health Policy Unit and directing the Knowledge Program on Health Systems Development, supported by DFID, UK. Additionally, she described her work using economic analysis to better understand the opportunities to strengthen health systems. "Health systems are social systems, and how they work depends on the behaviours of those who create, direct, manage, use, and play all sorts of roles within them."

She emphasized the importance of comprehensive health care that goes beyond medication and encompasses preventive, promotional, curative, rehabilitative, and palliative care. She mentioned collaboration with various institutions and organizations to improve health-seeking behaviour and develop new indicators for monitoring progress towards universal health coverage. Professor Barbara also emphasized the practical application of HPSR, engaging with policymakers, public managers, and communities to address system problems and improve accountability. She stressed on the multidisciplinary approach required beyond just academics and the need to look at health systems in a comprehensive manner. She said that the fellows should be excited about the versatile and challenging Indian health system of India that they would get a chance to focus their research on and acknowledged the support from collaborating organizations and funders.

*For more details, recording is available on the [India HPSR website and YouTube](#).*

## Vote of Thanks by Ms. Shilpa John Course Coordinator -HPSR Fellowship Programme:

Ms. Shilpa expressed a vote of thanks to Dr Rajiv Bahl, Professor Barbara McPake, Sri Rajeev Sadanandan, and all the dignitaries and partners involved in the India HPSR Fellowship Program. On behalf of HSTP and the HPSR Secretariat, she extended gratitude to the faculty, HPSR experts from across the globe, reviewers, mentors, and advisory committee members for their contributions. Special thanks were given to the Institute of Public Health, Bengaluru, Achutha Menon Centre for Health Science Studies, TVM, The George Institute – Delhi, Community Health Department – CMC, Vellore, Nossal Institute of Global Health, Melbourne University – Australia, Institute of Tropical Medicine, Antwerp, Belgium, and the WHO Alliance for Health Systems and Policy Research, along with other partner organizations for their support. She also extended her gratitude to HPSR Secretariat Team led by the course director, Dr N. Devadasan, for their unstinting support and dedication in bringing this together. Appreciation was expressed to the Sir Ratan Tata Trust, Bill and Melinda Gates Foundation, and Access Health International for their support. The new cohort 2023 was welcomed and look forward to fruitful interactions and engagement.

## Icebreaking session by Rugma M:

Ms Rugma facilitated an icebreaking session to create a welcoming and relaxed atmosphere for the participants. The main objective of the icebreaker session was to facilitate a calm and enjoyable setting, allowing the participants to familiarize themselves with one another, establish rapport, and develop trust. This was accomplished by incorporating a lively game and interactive questions that prompted discussions and fostered a sense of teamwork.

## Fellow interaction with Sri Rajeev Sadanandan, CEO HSTP:

During the interaction, Sri Sadanandan shared his expectations from the current cohort of participants. Essentially, he wanted them to identify appropriate research problems, conduct good quality HPSR research and come up with solutions that help the local stakeholders.

He also listened to the participants' experiences regarding their interactions with policymakers. It was noteworthy that most of the participants had engaged with IAS officers, rather than the Directorate. This led to an interesting and challenging session that debated various issues. Some of the issues explained by the fellows based on their experiences with interacting with policymakers and practitioners in the health system included:

- Policy makers are not limited to senior bureaucrats (Secretary level) or technocrats (Director level). Research in health systems needs to involve stakeholders at all levels, starting from the community and going upwards.
- Influencing policy change through health systems research requires extensive background research involving multiple players.
- HPSR needs to be communicated effectively to both health practitioners who have hands-on experience and bureaucrats who can see the bigger picture, in order to jointly develop policies and guidelines that are appropriate and practical. For example, the pressure to prioritize one service (e.g., NCD) over others (e.g., MCH) by technocrats can result in missed opportunities for frontline workers at the field level. A comprehensive understanding is required to translate policy into efficient and feasible activities.
- The discussion also addressed how research can help bridge the gap between community needs and policy decisions. One example was the current digitization of health data and records.
- Another area of discussion was the importance of including the private health sector in the decision-making process for policy changes, considering that a significant portion of the population (50 to 70%) accesses healthcare from the private sector.

Overall, the session highlighted the need for comprehensive research, collaboration with stakeholders, effective communication, and consideration of diverse perspectives to drive policy change and improve the health system.

## Day-1 Technical Session-1- An overview of HPSR. Dr N. Devadasan:

Dr N. Devadasan led the presentation highlighting the basic concepts of Health policy, health systems and how HPSR could identify and address issues within the health system. He stated the intricate nature of the health system and the various elements that influence its functioning, such as governance, financing, service delivery, and human resources. One of the key points emphasized by him was the need for fellows to navigate and integrate their research within the existing frameworks available in the field. While acknowledging the presence of established frameworks, he encouraged participants to think creatively and approach their research questions from innovative perspectives. This involved adapting frameworks to suit the specific context and challenges they aimed to address. To reinforce the understanding of research gaps, Dr Devadasan challenged them to think out of the box and adapt the frameworks to suit their research question. Overall, the session provided a comprehensive overview of health systems, health policy, and HPSR, while emphasizing the need for fellows to think critically, adapt frameworks, and identify research gaps.

## Feedback from Fellows:

Participants found the session to be informative, thought-provoking, and valuable. They appreciated the simplified explanations, real-life examples, and the opportunity to learn from esteemed faculties. The session provided clarity on the components of health systems, the role of policymakers, and the complexity of HPSR. Participants also gained insights into various frameworks and considerations in conducting HPSR. Overall, the session enhanced their understanding of the subject and sparked further discussions and interactions.

# PROCEEDINGS: DAY-2

The second day focused on health systems and health policy, providing fellows with a deeper understanding of these areas. The sessions also explored the significance of health policy in shaping healthcare systems and emphasized the role of evidence-based research in influencing policy decisions.

## Day-2 Recap of Day-1 by Dr N Devadasan:

The day started with a recap of the previous day's learnings on the basics of Health Systems, research, and Health Policy by Dr N Devadasan. He encouraged the fellows to maintain their curiosity, ask questions to, and approach the course with an open mind. He emphasized that HPSR extends beyond the traditional "What is happening" approach of biomedical and epidemiological research, focusing on understanding "Why it is happening, why, and how it can be rectified." He reiterated the purpose of the course, which is to guide fellows in identifying problems, examining them through a systems or policy lens, developing their research proposals, and implementing them effectively. The session served as a reminder of the course's objectives and encouraged fellows to approach their research with a comprehensive perspective.

## Day-2 Technical Session- 1- Health Systems by Dr Prashanth N S:

On the second day, Dr Prashanth reinforced the concepts in Health Systems by giving them three case studies and asking them split into groups and develop Research Questions. Each group received different levels of information to work with. Group 1 focused on improving the quality of care quickly, while group 2 chose stakeholder interaction. Group 3 initially intended to focus on HPSR but ended up addressing gap analysis and health system strengthening interventions, which is different from HPSR. After the groups presented their findings, he emphasized that the session was meant for reflection and

encouraged participants not to become defensive or judgmental. The presentations demonstrated attention to detail and incorporated the learnings from the previous day. Framing a research question was highlighted as an important step, and participants were encouraged to learn from one another. He outlined steps to improve the quality of care in a health system, including identifying low-hanging fruit or tipping points, determining the process for system change, and dividing activities into initial research and subsequent implementation, starting with piloting and learning from the pilot phase.

## Feedback from Fellows:

Participants provided positive feedback regarding their learning during the session. They expressed that they gained insights into important principles and values, including the significance of considering context, engaging in reflection, maintaining humility, and fostering critical thinking. Additionally, participants developed a clearer understanding of the distinctions between health system strengthening and HPSR research. They also appreciated learning about the diverse approaches available for conducting research in real-world settings.

## Day-2 Technical Session- 2- Health Policy by Dr Sudha Ramani:

Dr Sudha Ramani also using three case studies and group work to illustrate how simple sentences can sway policy drafting, potentially deviating from the actual requirements. The session highlighted potential research questions in health policy. The first case study addressed community awareness and improvement of community spaces and systems. The second case study centred around strengthening the public health system. The third case study focused on integrating the informal sector and private providers into the public health domain while reducing reliance on the private sector. Participants were asked to read the case studies given to them and come up with recommendations for the research method they would choose. Discussions after the group work revolved around understanding the research approach. One case study emphasized addressing the demand side of the problem through a public health lens, while another case study focused on the supply side from the health sector. The goal was to develop people-centric, accessible, and transformative policies based on evidence rather than personal knowledge or opinion. Examples of research questions in health policy included examining the influence of national and international contexts on policies, understanding the reasons for policy changes after events, and exploring variations in policy effectiveness across different contexts. The session emphasized the importance of health policy system research in taking a multidisciplinary and multi-perspective approach to address complex problems.

## Feedback from Fellows:

The feedback from the participants emphasized several key points. Firstly, they expressed their learning that policymaking begins with a broader context, considering various factors and perspectives. They recognized the need for policies to be inclusive and contextual, considering the diverse needs and realities of different populations and settings. Another significant insight gained by the participants was the importance of reviewing existing policy documents before undertaking research. Participants also appreciated the session's focus on the impact of national and international contexts on policies. Overall, the feedback reflected the participants' increased awareness of the multidisciplinary and multi-perspective nature of health policy system research.

On the 3<sup>rd</sup> day, the focus shifted to selecting HPSR RQs and exploring different HPSR research methods. Following the topic selection and HPSR research methods, the fellows engaged in an interactive session with Dr Rakhal and other facilitators to clarify their doubts The day was ended with post assessment and final feedback facilitated by Mr. Syed Mohd Abbas.

## Day-3 Recap of Day-2 by Dr Prashanth N S and Dr Sudha Ramani:

The day started with a recap of the previous day's learnings on Health Systems and Health Policy. The most important takeaway from day 2 was that HPSR pushes one to move from a unidimensional lens of looking at a problem to incorporating the sociological view of the problem, which includes both processes, actors, dimensions, context, tangible resources, intangible resources, attitudes, behaviour, and whatnot. They learned that HPSR encourages researchers to move away from a unidimensional lens when examining problems and instead adopt a sociological perspective. One of the challenges learned during the last two days is to identify where to stop, and the need to be pragmatic. Critical reflection was a skill used extensively and appreciated as an important skill. The recap emphasized the influence of the global context on health policy and highlighted the dynamic nature of policies. They explained the importance of understanding the problem before formulating research questions and considering the specific needs of the health system. Overall, the emphasis on critical reflection and the sociological view of problems provided participants with valuable insights and tools to conduct meaningful and impactful HPSR.

## Day-3 Technical Session-1- HPSR Research Questions –by Dr Dorothy Lall and Dr Sumit Kane:

Dr Dorothy and Dr Sumit (virtually) emphasized the key attributes of a well-crafted research question in HPSR and provided steps for developing such a question. They explained, that first and foremost, a good research question in HPSR should address a clear knowledge gap, meaning it should contribute to filling a gap in existing knowledge and understanding. It should be designed to address the needs and priorities of end users, considering their perspectives, and ensuring that the research findings are relevant and applicable to their context. They also stated that researchers should actively involve stakeholders throughout the research process to understand their constraints, interests, and the questions they are grappling with. This engagement can help shape the research question and ensure its alignment with the practical concerns and real-world challenges faced by stakeholders. Furthermore, session highlighted the importance of considering the potential actions and interventions that can be derived from the research. They emphasized that research in HPSR is not merely about generating knowledge but also about driving positive change and improving health systems and policies. Therefore, the research question should be designed with the aim of informing and guiding actions and interventions that can lead to meaningful improvements in health outcomes and healthcare delivery. In the session, participants were divided into four groups, and each member was tasked with thinking about a RQ. Subsequently, the group members engaged in discussions, sharing their respective topics with the group. The objective was to select the best topic to be presented, along with the reasons for choosing them. The research question proposed in this exercise focused on the misalignment between case-finding activities and the desires of policies or stakeholders. The intention was to identify the existing gaps or shortcomings in current practises while seeking to uncover potential solutions to address these issues. By examining this research question, participants aimed to shed light on the discrepancies between desired outcomes and the actual implementation of case-finding activities. This exploration

would provide valuable insights into the challenges faced in the field and offer opportunities to propose strategies for improvement. Overall, the exercise encouraged participants to think critically about research questions that could have a significant impact on policy and stakeholder engagement, contributing to more effective and relevant interventions in the field of health systems and policy.

## Feedback from Fellows:

Participants appreciated the session's guidance on framing research questions & the clarification provided on the distinction between a question & a research question. They found it valuable to understand the specific focus of Health System Research & HPSR, recognizing that there is a clear boundary between the two. The clarification helped them better align their research topics & understand the unique aspects of HPSR. Overall, feedback highlighted the session's contribution to enhancing their understanding & skills in formulating effective research questions in the context of HPSR.

## Day-3 Technical Session-2- HPSR Research Methods by Dr Devaki Nambiar:

The session began with an interactive game where participants engaged in connecting research questions to appropriate research methods. The activity helped them understand the alignment between research questions and the corresponding methods used to answer those questions. The session focused on the crucial connection between research questions and methods. She emphasized the importance of selecting a method that aligns with the research question. Various methods were discussed, including ethnography studies, cost-benefit analysis studies, participatory action research, and case studies. She also clarified the distinction between method and approach. Dr Devaki explained about the different methods and methodological frameworks through different examples. The session aimed to encourage participants to move beyond basic "what" questions and explore the "why," "how," and "who" aspects of their research. She encouraged participants to test the limits of different methods based on their specific research questions, emphasizing that the choice of method should not be based on arbitrary preferences.

## Feedback from Fellows:

Feedback from the participants indicated that the session on HPSR research methods successfully broadened their knowledge and comprehension of the various research methods applicable in the field. They appreciated gaining insights into how different methods can effectively address different dimensions of research questions within the context of HPSR.

## Concluding and Doubts Clarifications:

Following the topic selection RQs and exploration of HPSR research methods, the participants had the opportunity to engage in an interactive session with Dr Rakhal (virtually) and other facilitators. This session provided a platform for the fellows to seek clarification on any doubts or questions they had regarding their research topics, HPSR, Health Systems, Health Policy, methodologies, or any other related concerns. The interactive session fostered fruitful discussions and facilitated the exchange of ideas among the participants and facilitators. The session served as a valuable opportunity for the participants to gain further insights and guidance to enhance their understanding and approach to their research endeavours.

## Pre and Post Assessment of participants:

The participant's understanding of HPSR was tested using a pre-test and post-test assessments using MCQs. It can be observed that most participants demonstrated an improvement in their scores from the pre-test to the post-test, indicating increased knowledge and comprehension of the HPSR topics covered in the fellowship program.



**Pre and post test scores**
Cohort 2023: Orientation Session
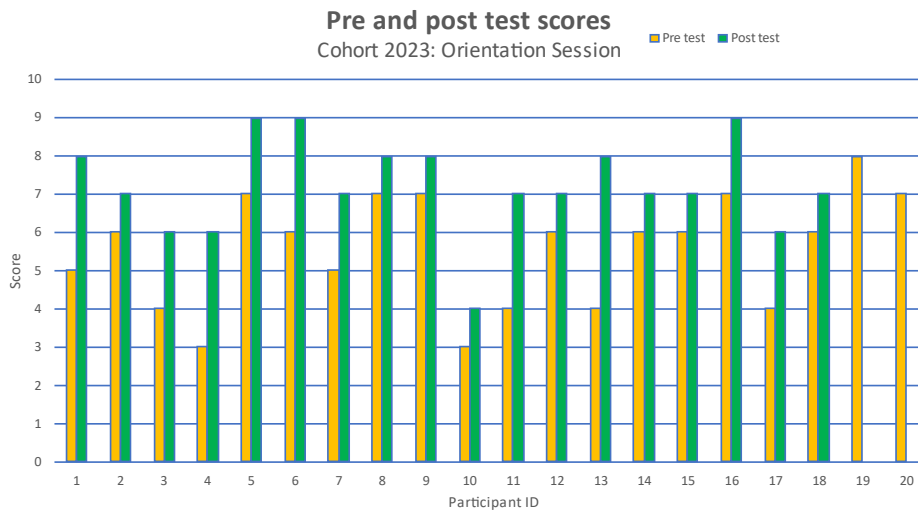
## Assignment:

The fellows were given an assignment to be completed within 15 days. The assignment required them to submit a research problem, including their rationale for why they consider it a problem. They were also asked to present evidence from the literature and their research site supporting the existence of the problem. Additionally, the assignment required them to include the perspectives of important stakeholders regarding the identified problem. The assignment scores are given below. More than 50% of the participants scored less than 60%. One of the main reasons for this low score was that many participants had not articulated specific research problems. Most participants gave very generic statements, "I want to study the HIV programme in my state".



Cohort 2023: Orientation Assignment
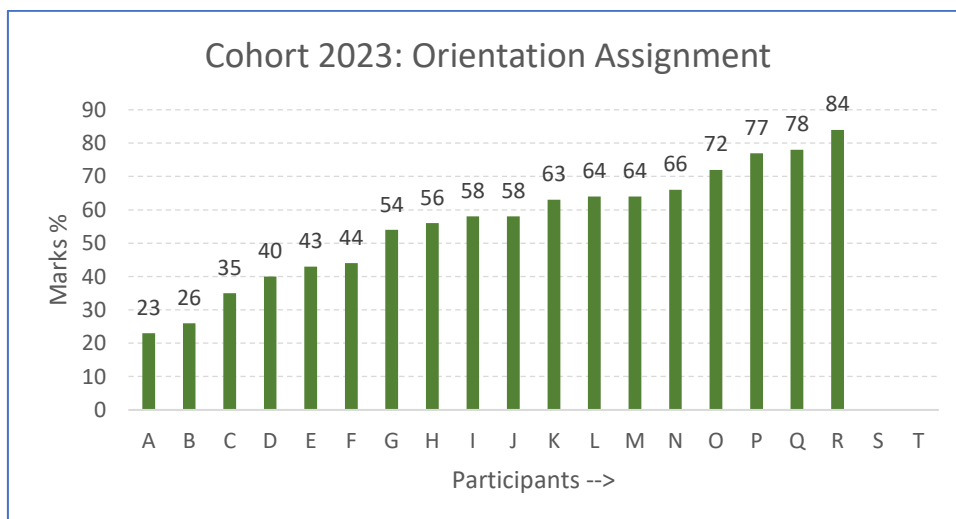
**Feedback from Participants about the entire module:**

Feedback on the three-day face-to-face orientation of the HPSR Fellowship Program was taken from participants. They appreciated the interactive sessions, group activities, and discussions with experienced faculty. The sessions on health systems, health policy, research methods, and framing research questions were considered valuable. Case studies and interactive exercises further enhanced the learning experience. Participants felt well-prepared for their research projects and expressed satisfaction with the program.

Identified areas for improvement, included session time management, multimedia usage, logistic arrangements, and provision of orientation resource materials.

Overall, the face-to-face orientation of the HPSR Fellowship Program was well-received by participants. It successfully provided valuable introduction to the knowledge and skills required for health policy system research. The interactive nature of the sessions and engaging activities contributed to a positive learning environment.

## WHAT CAN WE DO DIFFERENTLY IN COHORT 2024?

1. The first session on Overview of HPSR was too long and too dense. It could be cut down considerably.
2. A session on health problems could have been introduced. This could be a session on sharing their current health problem and then focus a couple of these problems. Then group work could help work on other participants' problems.
3. Introducing HS, Health systems strengthening and HPSR without the background may have confused the participants. Instead, if the exercise could have been on framing their health systems using an appropriate framework would have helped them get a better understanding of what a health system is.
4. We wanted to introduce the role of actors in policy making and maybe give them an overview of Stakeholder mapping and analysis. But given the time, we could not do this. I (ND) feel that it is important as it applies not just to policy, but also to concepts like systems thinking.
5. The HPSR RQ module could have built on their research problems. This would have highlighted that most of their RQs were restricted to describing the problem / situation.
6. Literature on each of the research methods would have helped the participants internalise these methods. They can review these methods later and realise that there are many methods other than epidemiological or IDI.

**Conclusion:**

The three-day orientation workshop for the third cohort of the India HPSR Fellowship Program proved to be a valuable platform for introducing the fellows to the fundamentals of HPSR. The participation of esteemed guests, along with the expertise of the facilitators, contributed to the success of the event. The fellows are now equipped with the necessary knowledge and skills to undertake their HPSR studies effectively.

# ACKNOWLEDGEMENTS

We extend our sincere appreciation to the following individuals and organizations for their valuable guidance, assistance, and contributions to the India HPSR Fellowship Program:

**HSTP Board:** We are grateful for the support and guidance provided by the HSTP Board members throughout the program. Their expertise and strategic input have been instrumental in shaping the fellowship program.

**HSTP and ACCESS Health International Management:** We would like to express our gratitude to the HSTP and ACCESS Health International management for their leadership and management of the fellowship program. Their commitment and dedication have been essential in ensuring the smooth implementation and success of the program.

**Faculty and Experts:** We extend our heartfelt thanks to the esteemed faculty and experts who generously shared their knowledge and insights during the orientation workshop. Their expertise in the field of HPSR has enriched the learning experience for the fellows.

Sri Rajeev Sadanandan, Sridhar Gudthur, Shilpa John, Syed Mohd Abbas, Rugma M, Prince Mediratta, Diwakar Gautam, Peter Parekattil and Baiju Paul. We would like to express our special appreciation to these individuals from the HSTP for their invaluable support and contributions. We are grateful for the collective efforts and collaboration of all the individuals, as their contributions have been crucial in advancing the goals and objectives of the India HPSR Fellowship Program.

| TIME | Sessions | Facilitators |
|---|---|---|
| **Annexure-1 -** | **Agenda for 03-day Inaugural and Face to face Orientation** | |
| **2ⁿᵈ May 2023 (Day 1)** | | |
| 09:00 - 09:30 | Registration | HSTP |
| 09:30 - 09:35 | Opening Remarks | Rajeev Sadanandan |
| 09:35 - 09:45 | Overview of India HPSR Fellowship Program | Dr N Devadasan |
| 09:45- 10:05 | Inaugural address by Chief Guest | Dr Rajiv Bahl |
| 10:05 - 10:15 | Achievements of an India HPSR Fellow | Ponnambily Jobin |
| 10:15 - 10:25 | Keynote Address | Prof. Barbara McPake |
| 10:25 - 10:30 | Vote of thanks | Shilpa John |
| 10:30 - 11:00 | **Tea** | |
| 11:00 - 12:00 | Icebreaker | Rugma M |
| 12:00 - 13:00 | Fellows' Interaction with CEO, HSTP | Rajeev Sadanandan |
| 13:00 - 14:00 | **Lunch** | |
| 14:00 - 15:30 | An overview of What is Health System, Health Policy and HPSR. Why HPSR, Steps in HPSR | Dr N Devadasan |
| 15:30 - 16:00 | **Tea** | |
| 16:00 - 17:00 | Exercise on identifying the Research gaps | Dr N Devadasan |
| **3ʳᵈ May 2023 (Day 2)** | | |
| 09:00 - 10:00 | Recap | Dr N Devadasan |
| 10:00 - 13:00 | Health Systems | Dr Prashanth N S |
| 13:00 - 14:00 | **Lunch** | |
| 14:00 - 16:00 | Health Policy | Dr Sudha Ramani and Dr Rakhal Gaitonde |
| 16:00 - 17:00 | Exercise | |
| **4ᵗʰ May 2023 (Day 3)** | | |
| 09:00 - 10:00 | Recap | Dr Prashanth N S |
| 10:00 - 13:00 | HPSR | Dr Sumit Kane Dr Dorothy Lall |
| 13:00 - 14:00 | **Lunch** | |
| 14:00 - 16:00 | HPSR Research Methods | Dr Devaki Nambiar |
| 16:00 - 17:00 | Conclusions | Dr N Devadasan |
| 17:00 - 17:30 | Post Evaluation and Feedback | Syed Mohd. Abbas |

| SN | Name | Designation and Organization |
|---|---|---|
| **Annexure-2-  List of Participants (Fellows, Dignitaries, Faculty and HSTP- HPSR Team)** | |
| **India HPSR Fellows, Cohort 2023** | |
| 1 | Adrija Roy | Research Officer, Regional Resource Centre for Health Technology Assessment, AMCHSS, Trivandrum |
| 2 | Amit Babasaheb Dhage | Community Health Physician, Jan Swasthya Sahayog, Ganiyari District Bilaspur, Chhattisgarh |
| 3 | Anjali Krishnan R | Research Officer, State Health Systems Resource Centre, Kerala |
| 4 | Cheryl Nathaniel Anandas | Research Manager, Apnalaya, Mumbai, Maharashtra |
| 5 | Dama Khillo | Program Manager- Piramal Swasthya, Odisha |
| 6 | Hariom Kumar Solanki | Asst. Professor, Com. Med, Government Institute of Medical Sciences, Greater Noida, UP |
| 7 | Jackwin Sam Paul | Assistant Professor, Christian Medical College, Vellore, Tamil Nadu |
| 8 | Mahalakshmy T | Additional Professor, JIPMER, Puducherry |
| 9 | Mohit Sood | Project Coordinator, Sangath India (Bhopal Hub), Madhya Pradesh |
| 10 | Priyanka Paul | Sr. Program Officer, Ipas Development Foundation, Assam |
| 11 | Rahul Rauny | Independent researcher, Delhi |
| 12 | Yasir Alvi | Asst. Professor, Com. Med, Hamdard Institute of Medical Sciences and Research, New Delhi |
| 13 | Sanjeev Kumar | Additional Professor, AIIMS Bhopal, Madhya Pradesh |
| 14 | Shubham Gupta | Sr. Manager- Research, Sambodhi Research and Communication Private Limited, Noida, UP |
| 15 | Sushi Kadanakuppe | Associate Professor, Department of Public Health Dentistry, V.S.Dental College and Hospital, Bengaluru, Karnataka |
| 16 | Swathi Krishna.N. | Young Investigator-PRERNA, KEM HRC, Maharashtra |
| 17 | Swaathi Balasubramanian | Research Associate, IIPH Gandhinagar, Gujarat |
| 18 | Vignesh L | Senior Resident, JIPMER Puducherry |
| 19 | Manikanda Nesan Sakthivel (did not attend) | Field Epidemiology Training Program (FETP) Consultant, South Asia Field Epidemiology and Technology Network (SAFETYNET), Tamil Nadu |
| 20 | Sneha Krishnan (did not attend) | Associate Professor, Jindal Global University, Sonipat, Haryana |
| **Dignitaries, Faculty and HSTP-HPSR Secretariat** | |
| 1 | Dr Rajiv Bahl | Secretary to GoI, Dept. of Health Research and Director General, Indian Council of Medical Research |
| 2 | Sri Rajeev Sadanandan | Chief Executive Officer, HSTP |
| 3 | Prof. Barbara McPake | Nossal Institute of Global Health, Australia |
| 4 | Dr N Devadasan | Course Director – India HPSR Fellowship program |
| 5 | Dr Prashanth N Srinivas | Institute of Public Health, Bengaluru |
| 6 | Dr Sumit Kane | Nossal Institute of Global Health, Australia |
| 7 | Dr Dorothy Lall | CMC, Vellore |
| 8 | Dr Devaki Nambiar | The George Institute for Global Health, Delhi |
| 9 | Dr Rakhal Gaitonde | Achutha Menon Centre for Health Science Studies, Trivandrum |
| 10 | Dr Sudha Ramani | Health Systems Research. Health Policy Analysis. Primary Health Care |
| 11 | Ponnambily Jobin | Fellow Presenter from Cohort 2021 |
| 12 | Shilpa John | HPSR Secretariat- SPECIALIST – India HPSR Fellowships |
| 13 | Syed Mohd Abbas | HPSR Secretariat- Sr. Program Associate- India HPSR Fellowships |
| 14 | Rugma M | HPSR Secretariat- Program Assistant-PMU, HSTP |
| 15 | Prince Mehdiratta | IT Specialist |

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