

FELLOWSHIP PROGRAM IN HEALTH POLICY AND SYSTEMS RESEARCH METHODS

Draft Document for Discussion
Draft v 0.98 dated 18 June 2020

INTRODUCTION

This draft document is an outline of the curriculum for the proposed HPSR fellowship. In this document, we have outlined the rationale for the course, the aim, target audience, selection process and the lesson plan that includes learning outcomes, assessment method, suggestions of content and teaching methods. We invite you to provide us with your comments and suggestions at the Curriculum Review workshop on 24th June 2020 with regard to the overall course, its structure and help us to enhance the content.

BACKGROUND

Several recent high-level assessments by state and central government committees, as well as research evidence,¹ have highlighted the central role of strengthening health systems in India, especially with a focus on achieving equitable health (across various axes of inequities in healthcare and health status) and in leveraging health and well-being towards overall socio-economic development of the country. However, strengthening health systems requires a system thinking lens, an acknowledgement of complexity in bringing about transformational change as well as putting people at the centre of change.² Approaches that integrate these are often lacking due to limited capacity in public health research institutions and in the community to practice a health systems approach applying state-of-the-art public health and social science research methods.

¹ See for example Niti Aayog's *Health System For A New India: Building Blocks* (2019), Report of the High-level Expert Group on Universal Health Coverage (2011) or the Karnataka government's draft health policy (2018)

² See Sheikh, George & Gilson (2014) in *Health Research Policy & Systems* titled **People-centred science: strengthening the practice of health policy and systems research** & Abimbola, Negin, Jan & Martiniuk (2014) in *Health Policy & Planning* **Towards people-centred health systems: a multi-level framework for analysing primary health care governance in low- and middle-income countries**

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The HPSR fellowship program is being conceived as a response to the need for improving capacity to conduct health policy and systems research (HPSR) as well as providing an opportunity for mid-career researchers interested in HPSR practice to conduct independent research.

HEALTH POLICY & SYSTEMS RESEARCH OUTPUTS IN INDIA

While research output in India has steadily increased over the last few years, the number of publications on health systems is still relatively small. Despite having about 547 medical colleges, 46 Public Health Colleges, 60 Biological and Medical Research Institutes, India contributed to 1.4% publications in public health, health policy, systems research and health economics sector over the past five years. A recent review³ reported there were 314 publications about health systems from India in 2012. Of these 70% were led by an author based in India and mostly located in only four states. 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.

Health Policy Systems Research (HPSR) is an emerging field and there are limited practitioners of this research approach globally. It is defined as “a field that ... that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is interdisciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health (Alliance for Health Policy and Systems Research, 2011).”

³ 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>

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We conducted a rapid desk review to identify research methods courses currently offered in India both online and as face to face workshops. We identified many courses in research methods and found that most of these training programs were predominantly in epidemiological and quantitative approaches. We identify a lack of capacity-building opportunities for HPSR in India. This may explain in part the poor research outputs with regard to HPSR. Other reasons may be the lack of mentorship and career tracks for public health researchers in HPSR.

The *HPSR training* program seeks to address this gap by implementing a high-quality HPSR training program along with opportunities for mid-career researchers to receive mentorship and build a community for peer engagement and support, thus aiming for a transformational change in the HPSR research architecture in India.

The practice of HPSR differs from some related approaches in public health research which are limited in scope because they are primarily guided by the nature/practice of a particular research method. Some of the important characteristics of HPSR include:

1. multi-disciplinary engagement with several disciplines underpinning research on people's health
2. focus both on the infrastructure, financing, workforce and community aspects (the systems hardware) as well as the various norms, rules, history and politics surrounding the evolution of health services and systems (the systems software), and
3. its aim to change policy and practice in favour of achieving equity and advancing health for all.

HPSR includes various aspects of the functioning of health systems as well as the policies that govern these systems. The effort is to understand what happens, why it happens for whom it happens and how can the effect be enhanced/mitigated in favour of health equity and/or improving healthcare and health status of people.

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AIM OF THE HPSR FELLOWSHIP

This HPSR fellowship aims to build individual capacity in Health Policy and Systems Research through a blended training program, mentorship and build a community of practice for peer support and engagement.

The program will focus on introducing the field of HPSR, methodological issues in conceptualizing, designing, conducting and also reading and interpreting HPSR research and practice. We endeavour to build leaders in the field that are equipped to meaningfully contribute to health policy and systems in India.

WHO IS THIS COURSE FOR?

We aim to identify about 20 Indian mid-career researchers, who have some experience with public health research, having led full/part of a research study that is published in a peer-reviewed journal or has good-quality publicly available scientific reports. Typically, between 3 to 7 years of experience in public health research.

By education, the typical participant has a post-graduation level educational qualification in health/related field or comparable in experience to a post-graduate training. S/he will have basic knowledge of research methods in public health even if their knowledge and/or experience is limited to a specific discipline/method.

Participant selection is planned through an open and competitive call. A call for participants will be widely circulated and promoted to invite applications in mid of July 2020. Participants will need to support their application with a preliminary research question based on a health system problem they have identified, motivation letter and two recommendation letters. An initial screening process shall exclude applications that do not fit the criteria (age, educational qualifications and experience). After that, a two-step selection process will be implemented.

In the first step, a panel of invited peer reviewers shall grade each application based on a rubric that includes (a) Potential for the application of a systems/complexity lens to the health systems research question that is submitted, (b) Fit of motivation (as stated in the motivation letter) with overall

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objectives of the course, (c) Candidate fit in terms of qualification and experience based on CV & recommendation letters.

In a second step, the candidates shall be ranked according to their scores and a selection committee shall identify 20 short-list and 10 wait-list candidates who shall be offered the fellowship. The selection committee shall consist of a panel of HPSR researchers involved in the curriculum drafting process and senior practitioners of HPSR.

A transparent review process will be conducted to identify the first cohort for the training. We plan to enrol 20 fellows/ researchers as the first batch of HPSR fellows. Fellowship offered will be conditional to an agreement to participate fully for a period of 18 months including the blended training, contact classes and mentoring and shall include a commitment to follow the full research cycle from developing the research question to publication and policy/public engagement.

DURATION AND STRUCTURE OF THE TRAINING PROGRAM

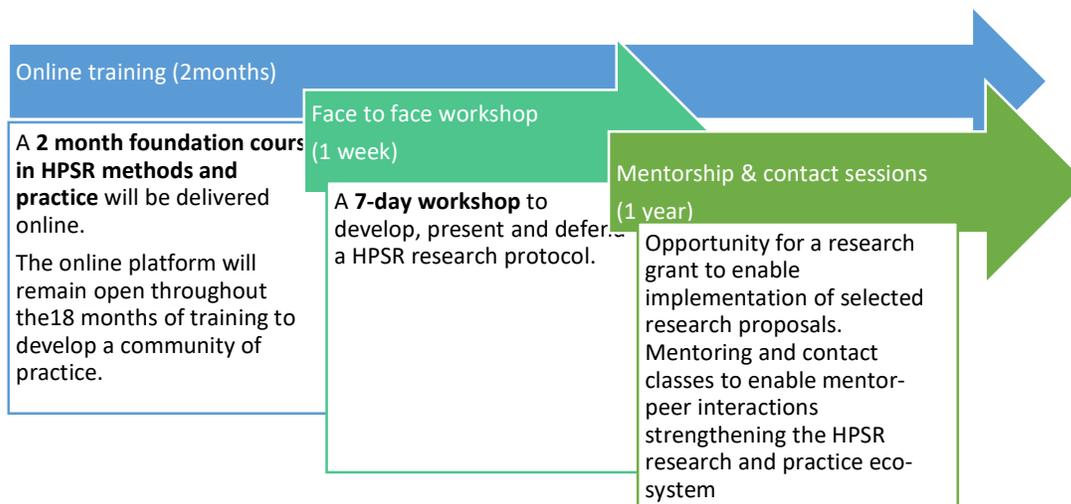
We plan to deliver this training program over *one and a half years*. The content will be delivered in a blended format using both the online (e-learning) and face-to-face training methods. The phases of training are designed to achieve the learning outcomes. A backward design is used in developing the curriculum and training plan. Backward design is a method in curriculum development that is driven by the learning outcomes and assessments envisaged. The course is designed to be pedagogically sound and relevant to the real-world scenario. It promises to be a rich experience with national and international HPSR experts being involved in the preparation and delivery of knowledge, along with their personal experiences, some of whom will be involved as mentors during the final phase of the course.

The fellowship will cover the tuition fees for the course, the travel and accommodation expenses for the face to face session and a seed research grant for select participants who have completed the online and face to face sessions with honours.

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SCHEMATIC REPRESENTATION OF THE COURSE



There are three unique features building upon what we call the capacity-opportunity dyad that is central to our theory-of-change (under development separately).

1. **Capacity:** A focus on competencies as opposed to only knowledge and skills through pedagogically sound online teaching and a clearly defined mentorship with opportunities for peer-support and field-supervision through two-three contact classes conducted regionally. Mentorship and contact-classes shall achieve two outcomes that are typically not possible in most training programs:
 - (a) focus on soft- skills related to project and team management, local leadership with respect to policy/ public/ community engagement and competencies related to the implementation of research
 - (b) embedding of contact-classes in field settings will allow the inclusion of actors that are normally not involved in research capacity building including community research partners, decision-makers/ implementers and other local actors including civil society.
2. **The opportunity of a research grant:** Upon successful completion of learning objectives and adequate grading of their assessments, participants will be eligible to receive a grant for

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the proposals they develop and refine through the online and face to face training components.

3. ***Verticals, diagonals and the cross-cutting components***: The course will consist of:
- (a) several programs/thematic vertical components
 - (b) a program diagonal focus on systems thinking, complexity and health equity
 - (c) a cross-cutting focus on a specific health systems *problem* which the participant *develops* into a research question in the online course and continue working on this question to build an HPSR research protocol and a public/policy engagement plan at the end of the FTF program and finally obtain mentoring to implement and realise the impact of their research (and contribute to solving their original problem).

LEARNING OUTCOMES

At the end of the fellowship, the participant will be able to:

1. Frame research questions based on health systems problem analysis using systems thinking, complexity and equity as lenses.
2. Apply multiple methodological approaches to a given health system problem and appreciate the value of multiple perspectives (positional and disciplinary) in HPSR;
3. Prepare, present and defend an HPSR proposal;
4. Implement and manage an HPSR research proposal; and,
5. Implement a plan for public/community and policy engagement in line with their research findings.

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The lesson plan is laid out in the table below, please note the design of various learning activities and their abbreviations.

VL	Video recording of a short lecture (typically 5-8 mins)
LT	Learning task designed to apply learning such as critiquing a research question in an article
FTF	Face to Face Workshop
E	Exercise questions designed to assess knowledge – multiple-choice questions or match the following or a drag and drop activity
FF	From the Field video recordings are designed to provide participants with an opportunity to learn from experiences of other researchers
Discussion forums	Moderated discussion among peers and faculty
Hangout sessions	Opportunities to interact with subject matter experts in real-time to discuss questions participants may have

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PROPOSED LESSON PLAN

Learning outcome (LO)	Assessment	Teaching methods	Phase
<p>LO1 Frame research questions based on health systems problem analysis using systems thinking, complexity and equity as lenses</p>	<p>Assignment 1 Frame a relevant HPSR question based on a health system problem you identify, refine the question with attention to foundational concepts and values of HPSR (systems thinking, complexity and equity) and build on the current knowledge in the literature of the topic</p> <p>Assessment method Evaluate question using a scoring checklist specific, relevant, achievable, and measurable Question framing demonstrates the application of foundational concepts and values of HPSR <small>Bookmark not defined.</small></p> <p>State of the art in terms of evidence or literature summarized to arrive at the question</p>	<p>Learning activities VL.1 Overview of health systems (frameworks & their development) and health policy (theories and approaches overview) VL.2 HPSR: History, overview, and current scenario. What is HPSR, what is not HPSR? VL.3 Typology of HPSR research questions) VL.4 Systems thinking VL.5 Complexity in health systems VL.6 Equity in health E.1 Synthesising literature on a health systems problem LT 1- Critique the given research questions and suggest refinement Discussion forum- post research questions and seek feedback from peers From the field- A senior HPSR researcher (PhD student) sharing journey in refining research question Hangout session</p>	<p>Online phase</p>

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Learning outcome (LO)	Assessment	Teaching methods	Phase
<p>LO 2 Apply multiple methodological approaches to a given health system problem and appreciate multiple perspectives</p>	<p>Assignment 2 For a given health systems problem, design a research protocol that leads to the use of at least two different research methods/approaches and describe the two approaches that can be used to answer the question.</p> <p>Assessment method Rubric-based assessment by tutor based on how the framing draws upon principles of the methods applied.</p>	<p>VL.1 Multidisciplinary nature of HPSR (video lecture) VL.2 Research methodology, research methods, sources of information, research approaches VL.3 Research paradigms epistemology, ontology, Research disciplines suited to answering HPSR questions – epidemiological and quantitative approaches, social sciences and qualitative methods, VL.4 Research Designs- Purpose of study: Normative/ evaluative, Descriptive, Exploratory, Explanatory, Emancipatory VL.5 Epidemiological and economic approaches⁴ (video lecture) VL. 6 Social science approaches⁵ VL.7 Theory driven and realist approaches VL.8 Participatory/emancipatory research approaches VL.9 Implementation research and evaluation approaches VL.10 Modelling and predictive approaches VL.11 Policy Analysis</p>	<p>Online phase</p>

⁴ HH surveys, Health facility surveys, Quasi experimental studies, Case control studies, Cohort analysis

⁵ Ethnography, phenomenology, case studies, KII, FGD, Participant observation, PAR, etc.

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Learning outcome (LO)	Assessment	Teaching methods	Phase
		<p>VL.11 Research Methods – qualitative and quantitative data collection</p> <p>VL.12 Analysis Plan- Level of analysis: macro, meso, micro, cross-level, theoretical framework, dummy tables</p> <p>Exercises after 3 video lectures</p> <p>LT 1- Identify published articles that use economic approach</p> <p>LT 2 – Identify a published article that utilises implementation research</p> <p>FTF- for each of the approaches taught- perspectives and experience of a researcher that has used the approach to answer an HPSR question</p> <p>LT 3. Critique methods of a published protocol of HPSR research</p>	
<p>LO 3 Prepare, present, and defend an HPSR research proposal</p>	<p>Assignment 3 Use the Research question and one of the research methods you described in Assignment 2 and submit a research protocol.</p> <p>Assessment method <i>Grading the assignment using a checklist</i> Quality and completeness of sections</p>	<p>Topics to be covered during FTF session</p> <p>1. Elements of good research protocol including elements from the WHO good health research practice framework</p> <p>LT 1 - Review and critique a published research protocol</p> <p>2. Dissemination, knowledge translation, public/policy/community engagement</p>	FTF

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Learning outcome (LO)	Assessment	Teaching methods	Phase
	<p>- Coherence between elements of the proposal (problem analysis, research question, overall research method chosen, study design, methods and analysis proposed)</p> <p>- Application of foundation concepts and values</p> <p>Assignment 4 Present the research proposal for the HPSR question identified, justifying the choice of research approach, methods and analysis.</p> <p>Assessment method Grading the oral presentation by a panel using a checklist</p> <ul style="list-style-type: none"> - ability to articulate research question concisely including mechanics of Medium, speaking skills and length of presentation - Quality of content including slides and oral communication and creativity - Coherence across elements of the protocol - Foundation concepts and values application 	<ol style="list-style-type: none"> 3. Mapping actors and understanding their interests and influence 4. Ensuring coherence between elements- Research cycle 5. Project management principles: Gantt chart, costing and budgets, identifying milestones and deliverables 6. Data management 9. Research sites, collaborations and partnerships 10. Ethics in HPSR: Risk-benefit analysis, risk mitigation, consent procedures, anonymity, confidentiality, ethical data management, addressing adverse events, cultural competence, dignity and respect and informed consent 11. What are reviewers looking for? Principles of peer review 12. Presentation skills – oral and written for different stakeholders (community, IEC, grant, policy meetings) <p>Mechanics of Medium, Speaking skills and Length of presentation</p>	

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Learning outcome (LO)	Assessment	Teaching methods	Phase
<p>LO 4 Implement and manage an HPSR research proposal</p>	<p>Assignment 5 Submit a midterm progress report including ethics clearance, consent forms and procedures, modifications to the protocol (if any), timeline/Gantt, identified milestones and deliverables, and details of engagement of other health system actors</p> <p>Assessment method Rubric for grading based on</p> <ul style="list-style-type: none"> - Completeness - Quality of the deliverables in terms of their technical content and appropriate use of knowledge and/or skills from the FTF <p>Score actual degree of engagement with health system actors (implementers, policymakers, community etc).</p>	<p>VL 1. Monitoring & Evaluation Exercise</p> <p>VL 2. Team management principles</p> <p>VL 3. Preparing reports</p> <p>Topics for contact sessions</p> <ol style="list-style-type: none"> 1. Leadership & Teamwork 2. Effective meetings 3. Budget utilisations and tracking 4. Implementing a monitoring & evaluation plan 5. External communications plan 6. addressing adverse events vis-à-vis ethics 7. Encourage reflexivity 	<p>Contact classes and online</p>
<p>LO 5 Prepare a plan for public and policy engagement</p>	<p>Assignment 6 Oral presentation of policy or public /community engagement plan</p> <p>Assessment method Grading based on a rubric that includes</p>	<p>VL 1. Policy engagement and Community engagement frameworks</p> <p>VL 2. Actor engagement; frameworks on power, interest and influence mapping</p> <p>VL 3 Elements of a good policy engagement plan</p> <p>VL 4 Elements of a community engagement plan</p>	<p>Mentoring phase and contact classes</p>

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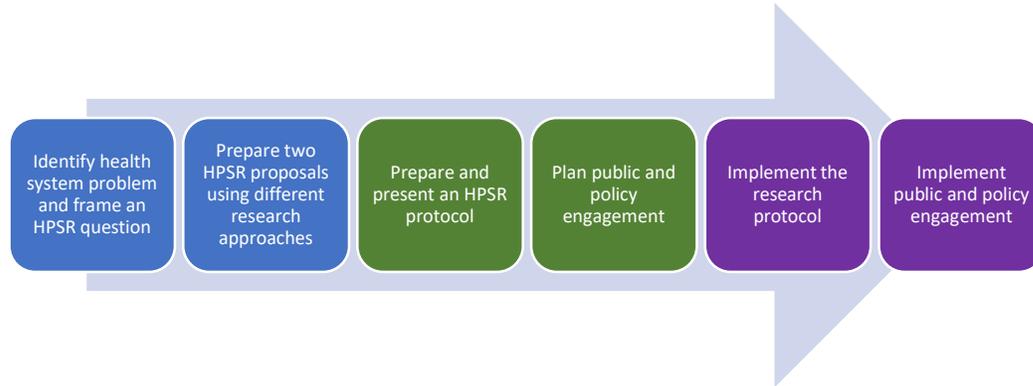
Learning outcome (LO)	Assessment	Teaching methods	Phase
	<p>Clear objectives for the engagement activity</p> <ul style="list-style-type: none"> - what is the specific goal that the engagement sought to achieve? - Identified appropriate actors (or outlines how to do so) - identified strategies/platforms to communicate with them. 	<p>The topic for contact sessions</p> <ol style="list-style-type: none"> 1.. Role of evidence in shaping policy, politics of evidence and knowledge (case studies) translation 2. Embeddedness: Thinking beyond projects and about programmes, organizations and networks 3. Stages of the policy process: Agenda setting, policy formulation, implementation, evaluation (case studies) 4. Research engagement with health policy and public 5. Science interface with society and social accountability of science/research 	

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SUMMARY OF ASSESSMENT PLAN

The assessments will enable us to certify that the participants of the course are equipped to independently lead and conduct HPSR research. We propose to assess the participants for each of the proposed outcomes at various stages (online, face to face workshop, mentoring) in the fellowship program. The schematic below summarises the overall assessment plan (based on the table above). The key assessment outcomes for the online phase include framing of an HPSR research question and preparation of two research proposals using different research approaches at the end of the online training. For the face to face workshop, we will assess the participants on the ability to prepare and present a fully implementable and submission-ready HPSR protocol. Lastly, during the mentorship phase, we shall assess the ability of the fellows to implement and manage the HPSR project as well as engage with policy and/or the community.



Blue- Online assessment, Green- Face to face workshop, Purple- Mentorship

CONCLUSION:

Through this fellowship program, we are hoping to significantly impact the landscape of research for HPSR in India. The 20 mid-career researchers in the program would hopefully demonstrate leadership in advancing the field as well as contribute to overall improvements in health policy and systems in India. The plan for the course has been guided by the learning outcomes and we hypothesize that at the end of the course participants will be able to frame relevant health system research questions, choose appropriate research approaches and methods to answer the research question, implement the research project and meaningfully engage with policy and the community with results of the research.

We look forward to your suggestions and comments at the expert consultation.