

INDIA HEALTH POLICY & SYSTEMS RESEARCH FELLOWSHIP PROGRAM

OVERVIEW

MAY 2021





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This document titled 'India Health Policy & Systems Research Fellowship Program 2021' has been developed by Health Systems Transformation Platform (HSTP) and the partner(s) to share the overview of this course.

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Our mission is to enable Indian health systems respond to people's needs. We do this in collaboration with Indian & Global expertise through research for health systems design, enhancing stakeholders' capabilities and fostering policy dialogue.

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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	10
TRAINING PLAN FOR COHORT 2021 (JANUARY 2021 – AUGUST 2022)	10
INAUGURATION OF INDIA HPSR FELLOWSHIPS PROGRAM	11
COMPLETION OF ONLINE MODULE (January – June 2021)	12
CORE FACULTY	21
FELLOWS COHORT 2021	22



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 India¹ 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 will undergo a blended training program spread over a period of **18 months**, which includes:

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



Table 1: Snapshot of India HPSR Fellowships program

Name of the course	India HPSR Fellowship Program
Course fellows	Mid-level Indian researchers from any social science discipline, e.g., epidemiologists, sociologists, economists, demographers, political scientists, managers, anthropologists, etc. Preference will be given to fellows who have completed a master's degree and have participated in research activities
Course duration	Six months of Online course + One week of face-to-face course + One year of mentoring for conducting HPSR study
Course content	<p>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:</p> <p><u>ONLINE PHASE</u></p> <ul style="list-style-type: none"> • 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 <p><u>FACE TO FACE PHASE</u></p> <ul style="list-style-type: none"> • Deepening the understanding of HPSR, Policy Analysis and Using the appropriate design and methods to develop and submit a final HPSR proposal. <p><u>MENTORING & IMPLEMENTATION PHASE</u></p> <ul style="list-style-type: none"> • Conducting an HPSR study • Mentoring & Implementation Phase • Online phase for deepening their understanding of HPSR
Expected outcomes	<p>2021-2024</p> <ul style="list-style-type: none"> • 60 HPSR researchers in the country from preferably 20 different institutions • A community of practice of HPSR researchers



ELIGIBILITY & SELECTION PROCESS FOR COHORT 2021

- Participant selection for Cohort 2021 was done through an open and competitive call for application which was launched on **4 November 2020** and widely circulated to invite applications from interested candidates.
- The main eligibility criteria were post-graduates having at least 3 years of research experience in public health domain with a penchant for developing a career in HPSR and a passion to conduct impactful, meaningful research to contribute to health systems and policy in India.
- A total of 149 applications were received. Of this 60% were mid-level researchers in the age group 31-40 with 3-6 years of experience. Among the applicants, 78% had a post graduate degree and 12% had a doctoral degree. There was a balanced geographic representation with 33% from South India, 27% from North, 24% from the West and the rest spread between Central, East and North East India.
- A transparent, two-step selection process was carried out with a panel of peer reviewers grading each application in the first step, based on a rubric that included:
 - Strength of the academic qualifications
 - Relevant work experience
 - Quality of the health systems/health policy problem identified
 - Strength of the motivation to join this course.
- The selection committee consisted of forty (40) Indian and global public health professionals, program facilitators and mentors, and senior practitioners of HPSR who were involved in the curriculum drafting process.
- The Applicants were ranked based on the average scores and 30 applications were shortlisted. Weightage was given to those fellows who had completed their doctoral studies successfully, completed a research methods course, an established link with the government or a community organization or research site and strong references.
- In the second step, a selection committee from the core faculty finalized the cohort keeping in mind gender, regional and skill-mix balance. Candidates were ranked according to their scores and 20 short-listed and 10 wait-listed candidates were identified.

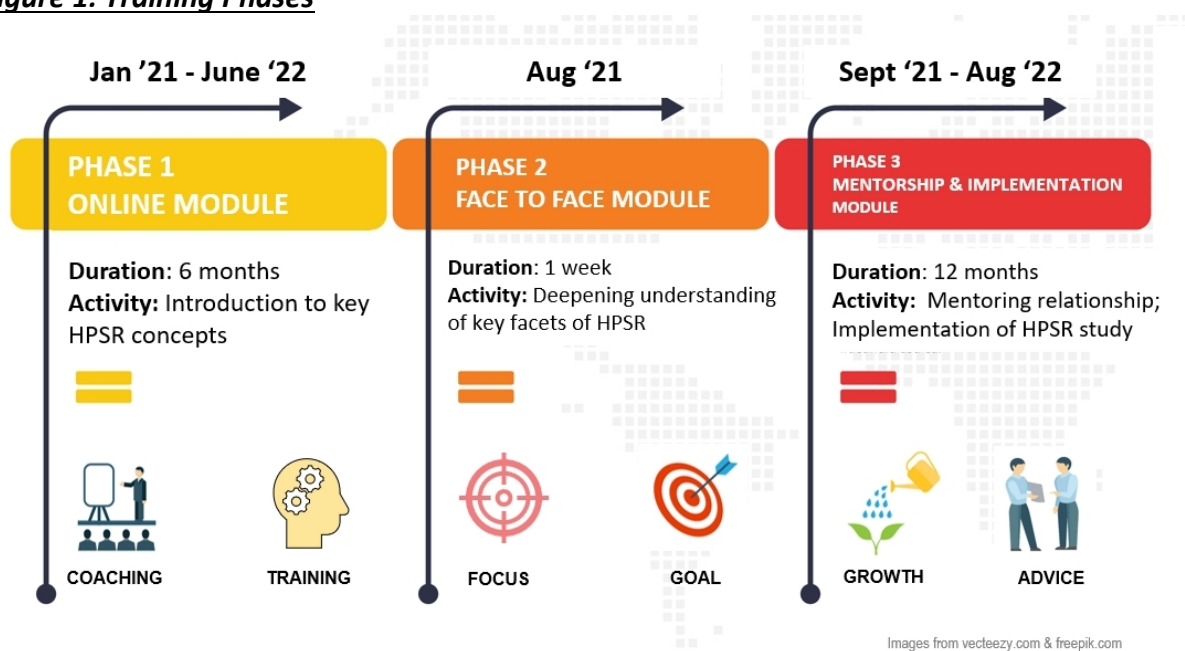
TRAINING PLAN FOR COHORT 2021 (JANUARY 2021 – AUGUST 2022)

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.

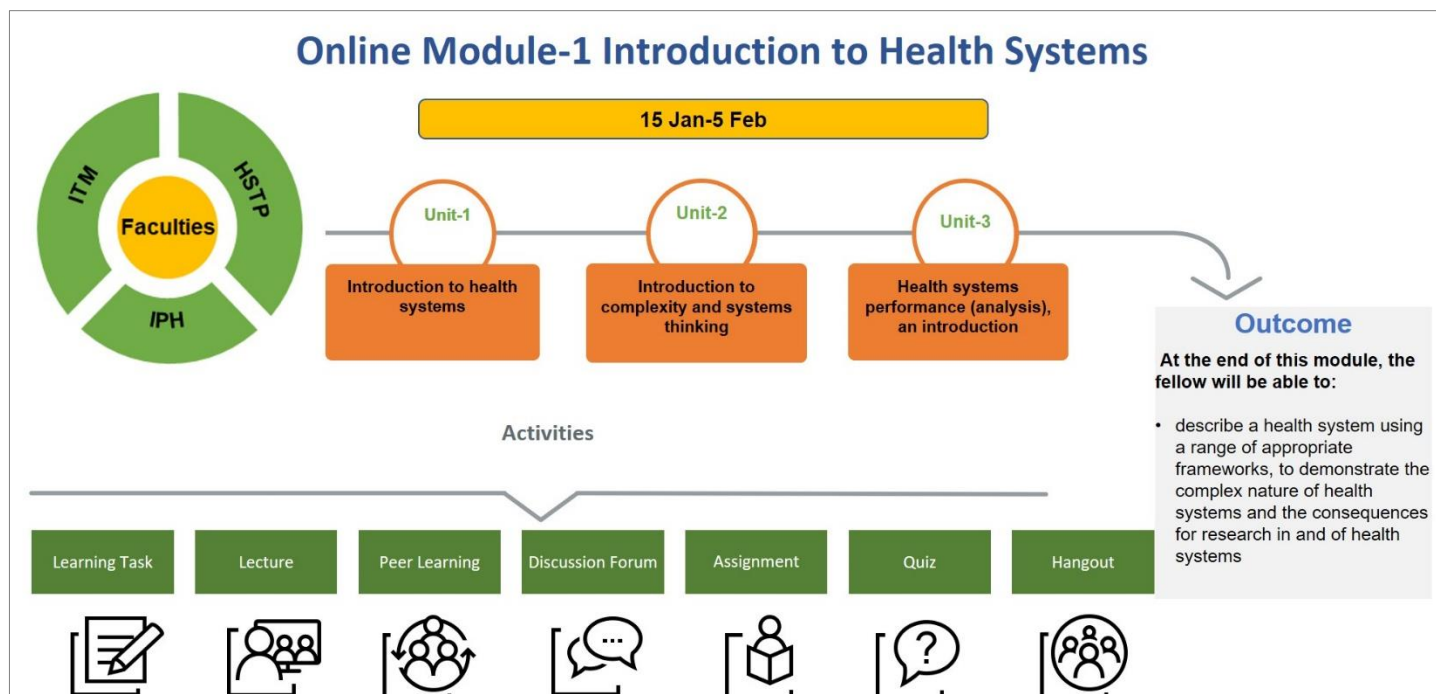


COMPLETION OF ONLINE MODULE (January – June 2021)

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

So far, four modules have been completed.

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





Unit-1 "Introduction to health systems"

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



Reading Material

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

15 Jan

Discussion Forum

Learning Task-1

18 Jan

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

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

20 Jan

Peer Learning

Discussion Forum

20 Jan

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

Dr.Upendra Bhojani

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

21 Jan

Live Lecture

Learning Task-2

21 Jan

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



Quiz at end of unit

Unit-2 "Introduction to complexity and systems thinking "

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



Reading Material

Video by Dr. Prashanth introducing the unit activities

23 Jan

Unit Introduction Video

Learning Task-1

25 Jan

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

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

28 Jan

Peer Learning

Lecture- Pre-Recorded

29 Jan

• **Recorded Lecture by Dr. N Devadasan**

- The basic elements of systems (agents, structures, processes, relations)
- From open to complex systems
- Consequences for research

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

29 Jan

Learning Task-2

Quiz

29 Jan

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



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

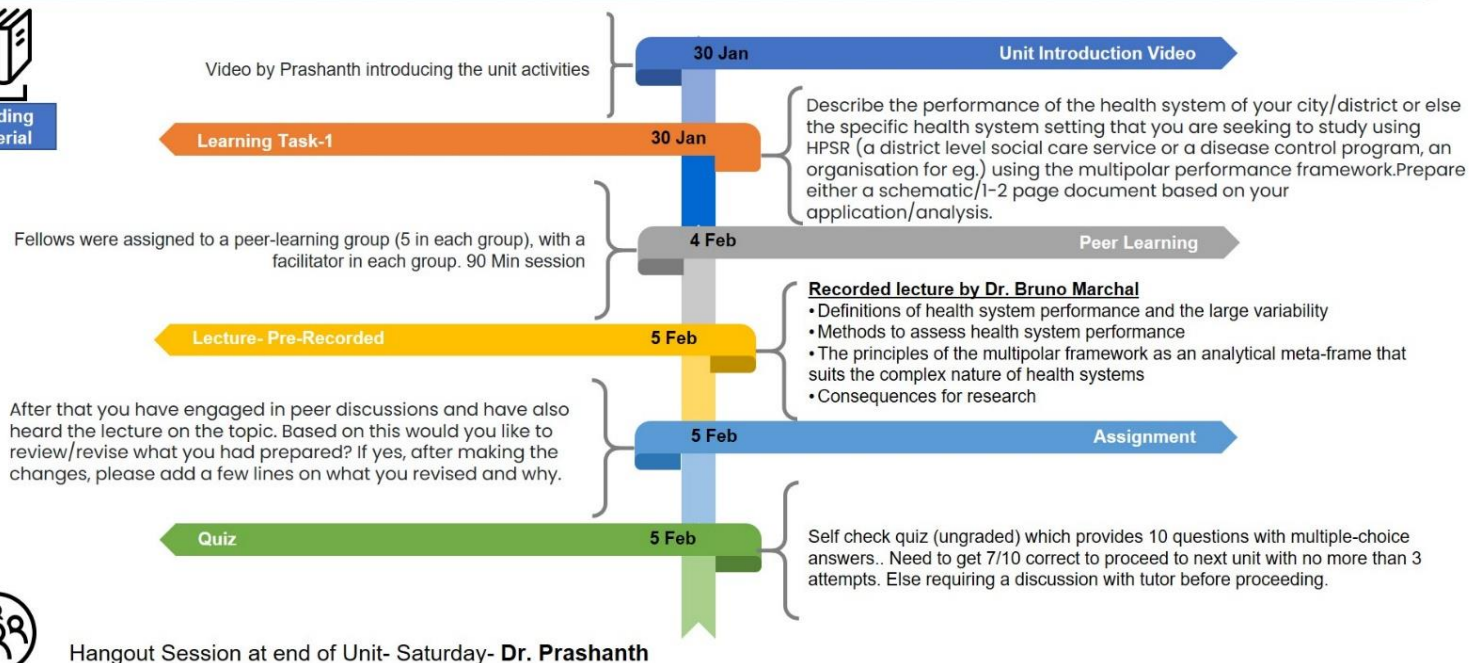


Unit-3 " Health systems performance (analysis), an introduction "

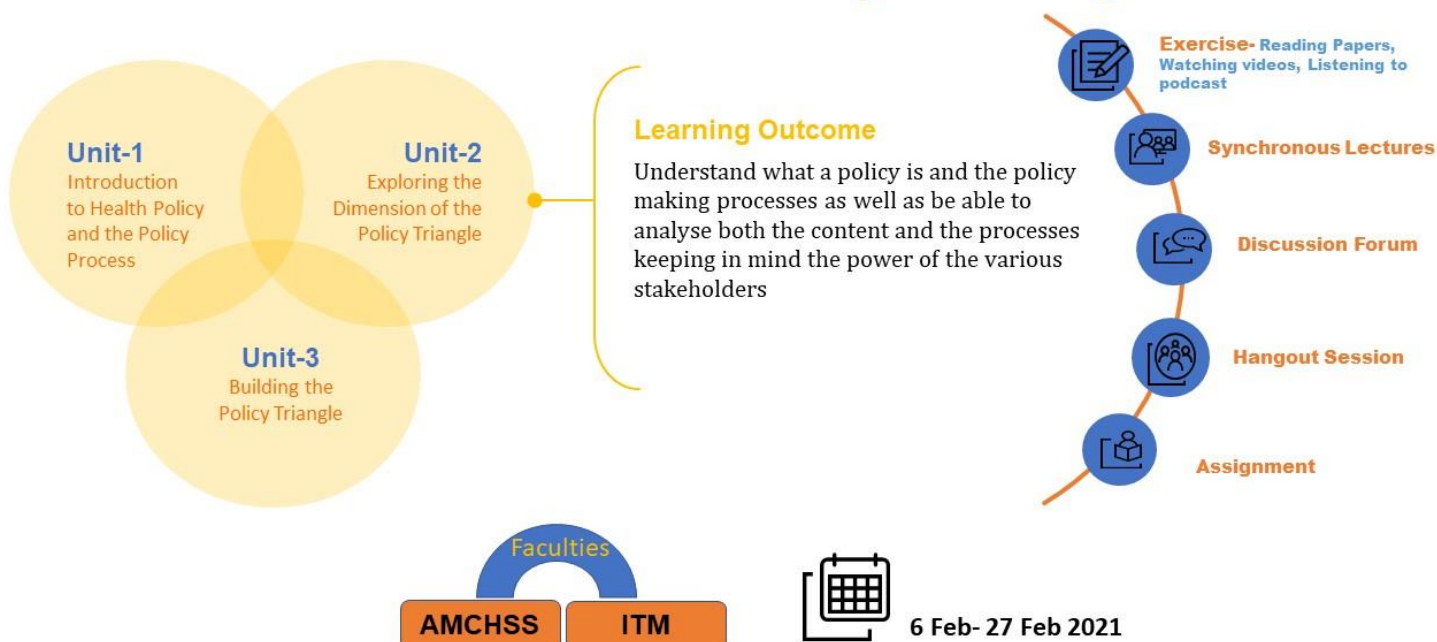
At the end of the class, the fellow will understand that performance of health systems is multi-dimensional and socially constructed. They will be able to (1) discuss the differences between the different approaches to assessing performance, (2) explain how these are integrated in the multipolar performance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



Reading
Material



Online Module 2 - Health Policy & Policy Process



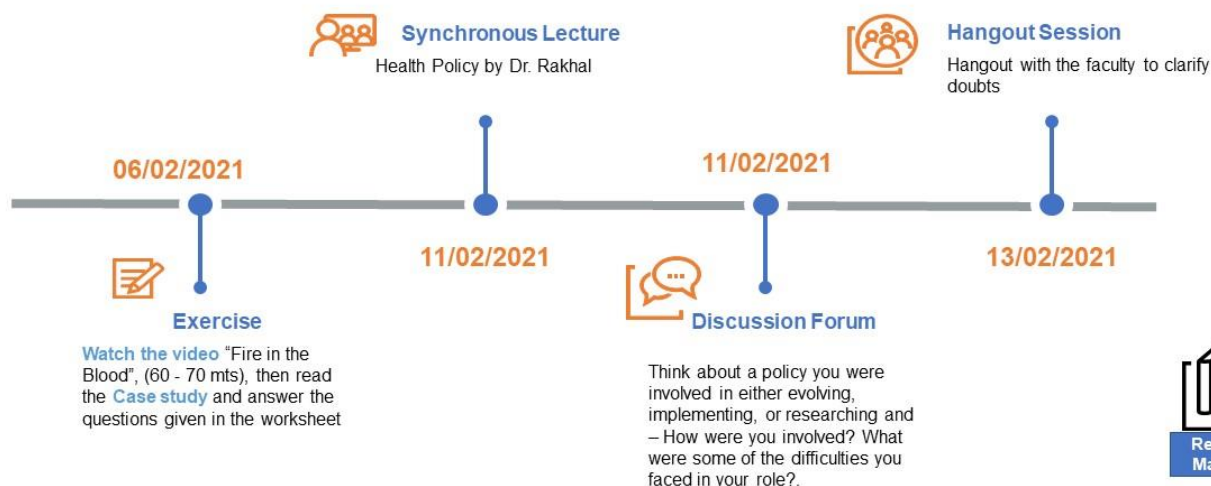


Unit-1 Introduction to Health Policy and the Policy Process

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

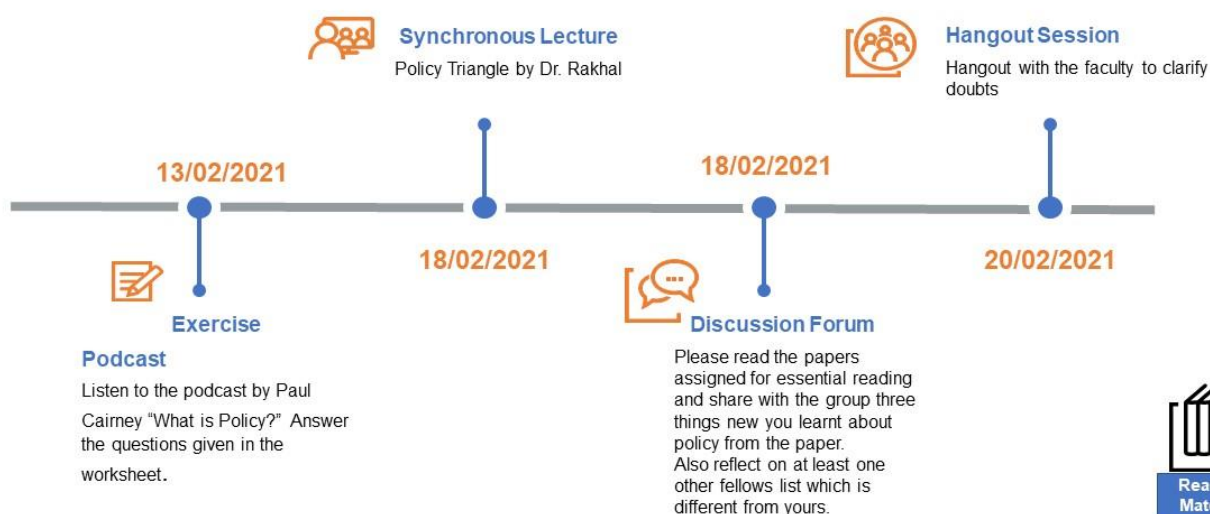


Assignment – 06/02/2021- 05/03/2021



Unit-2 Exploring the dimensions of the Policy Triangle

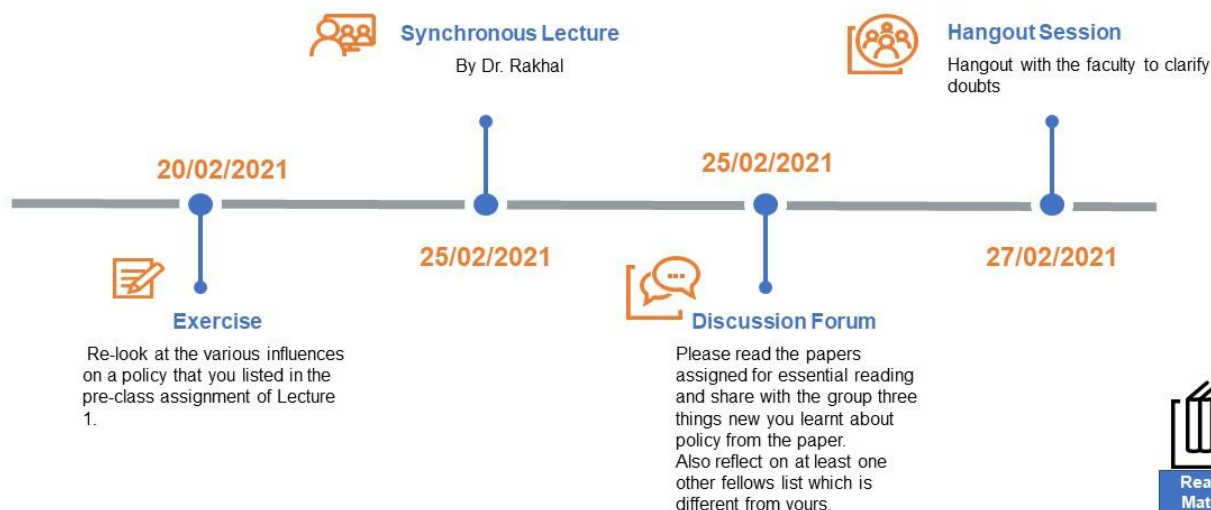
- Recognize the interplay between the various dimensions of policy in the policy triangle framework and
- Be able to apply to a specific health policy issue / health policy analysis question.





Unit-3 Building the Policy Triangle

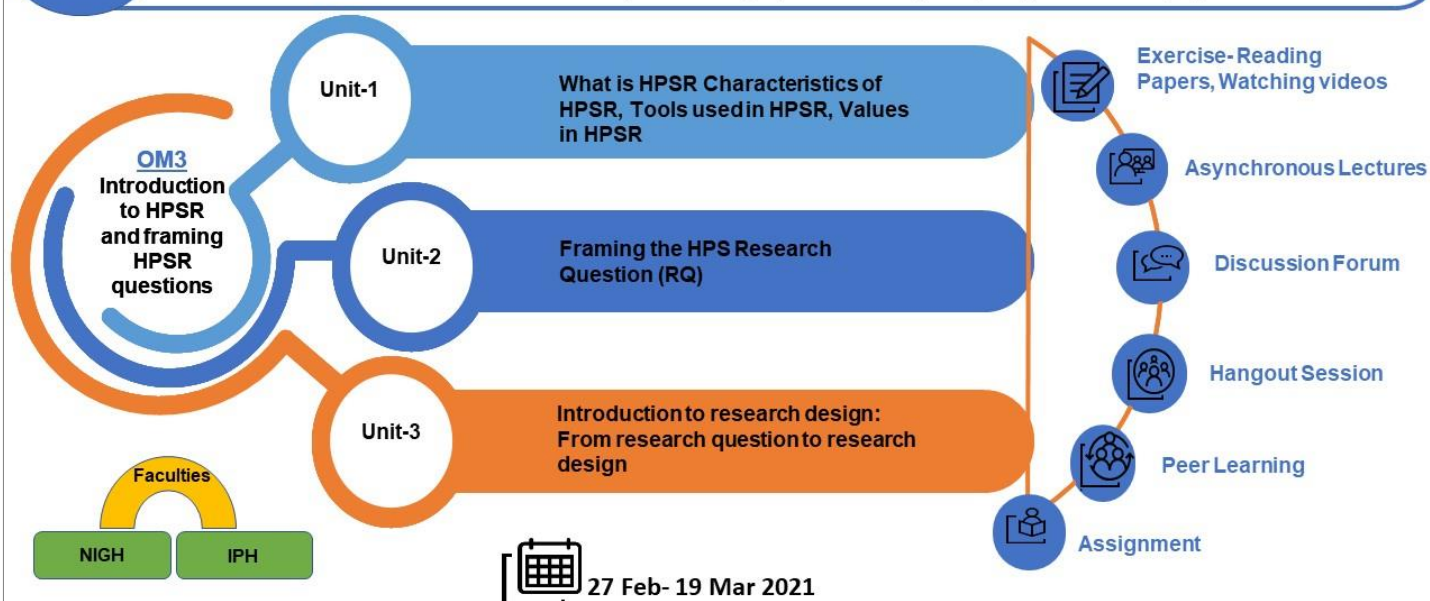
- The fellow will be able to recognize the key concepts of the policy process. These include – Policy entrepreneur, Policy window (Kingdon) and Advocacy Coalition. (Sabatier)
- Will be able to describe the key aspects of Policy Implementation.

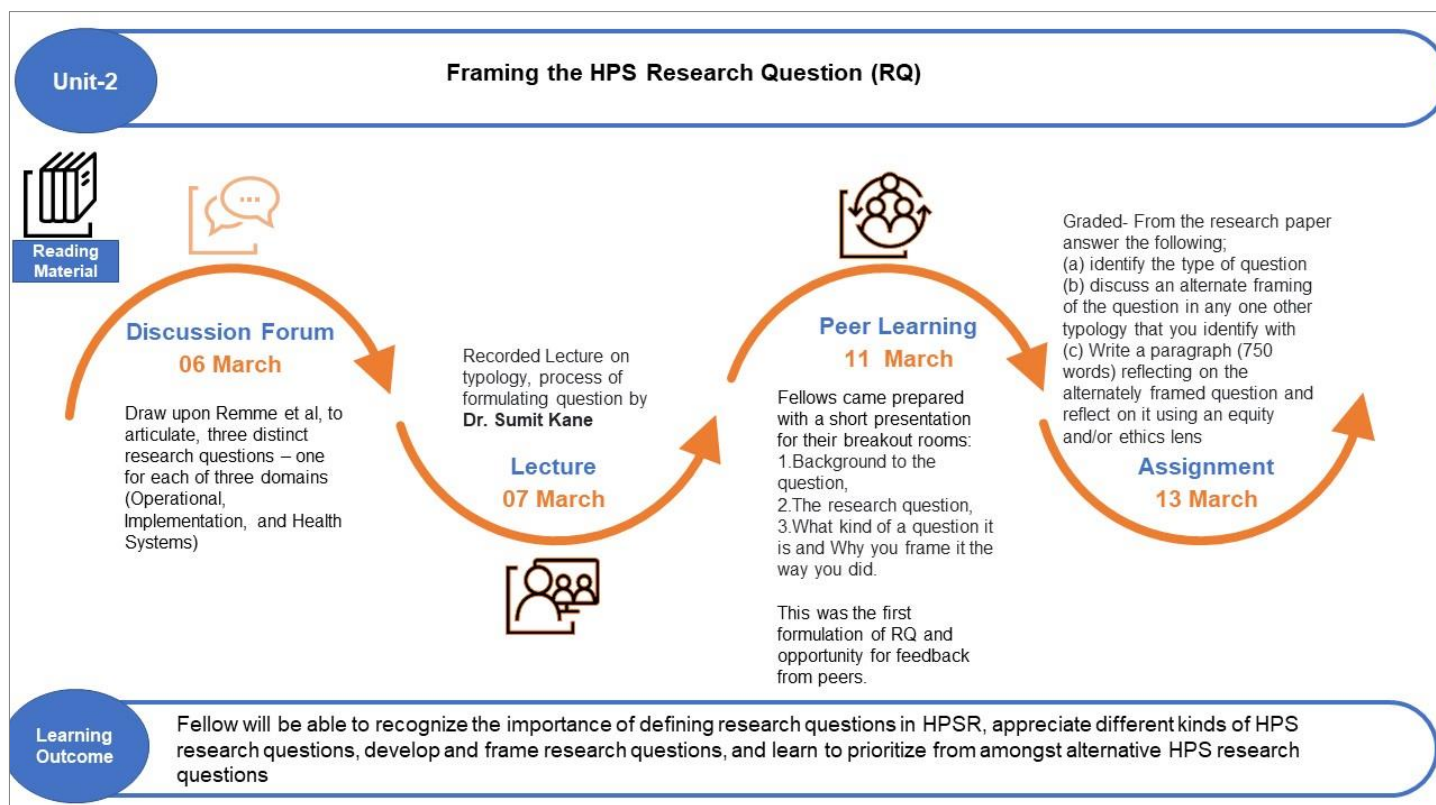
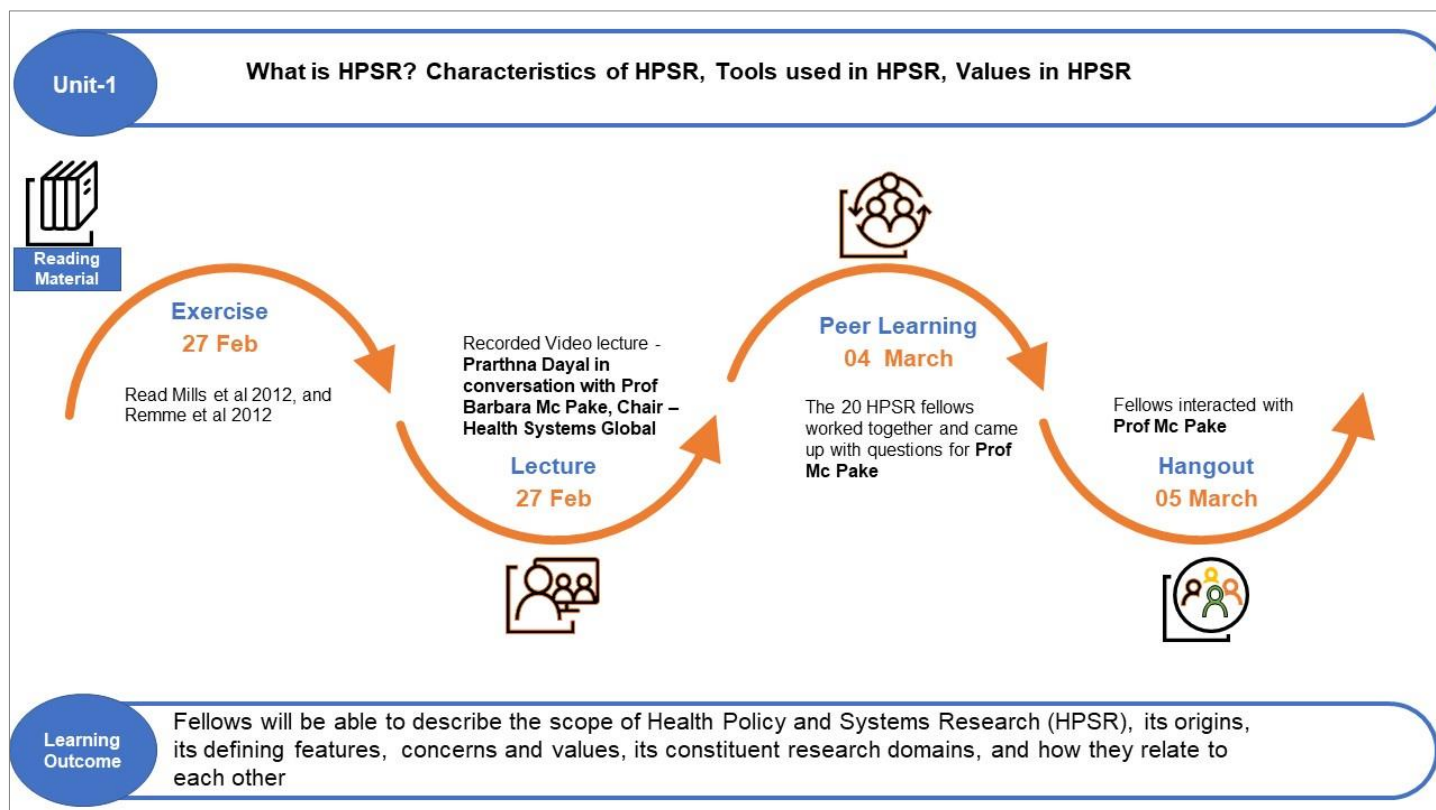


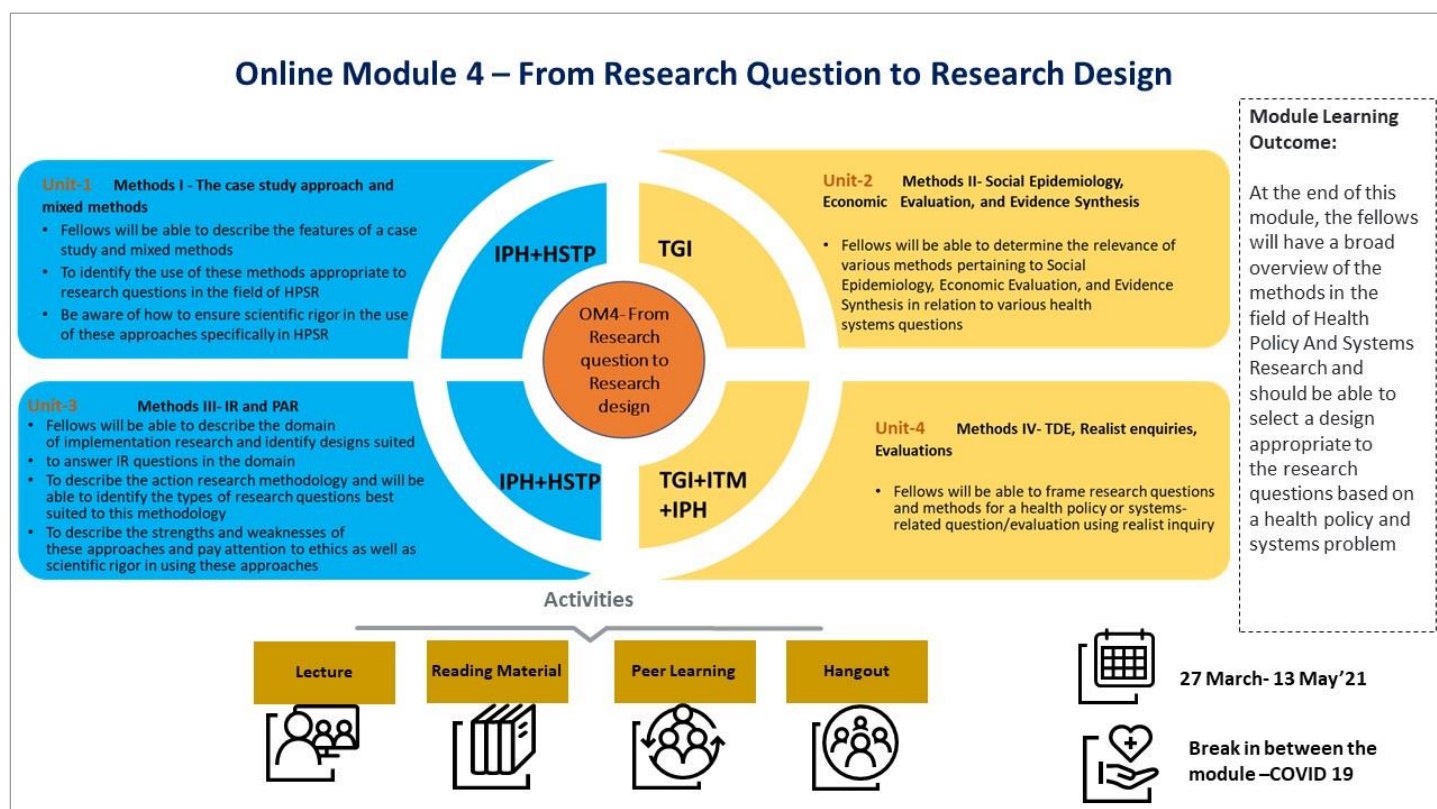
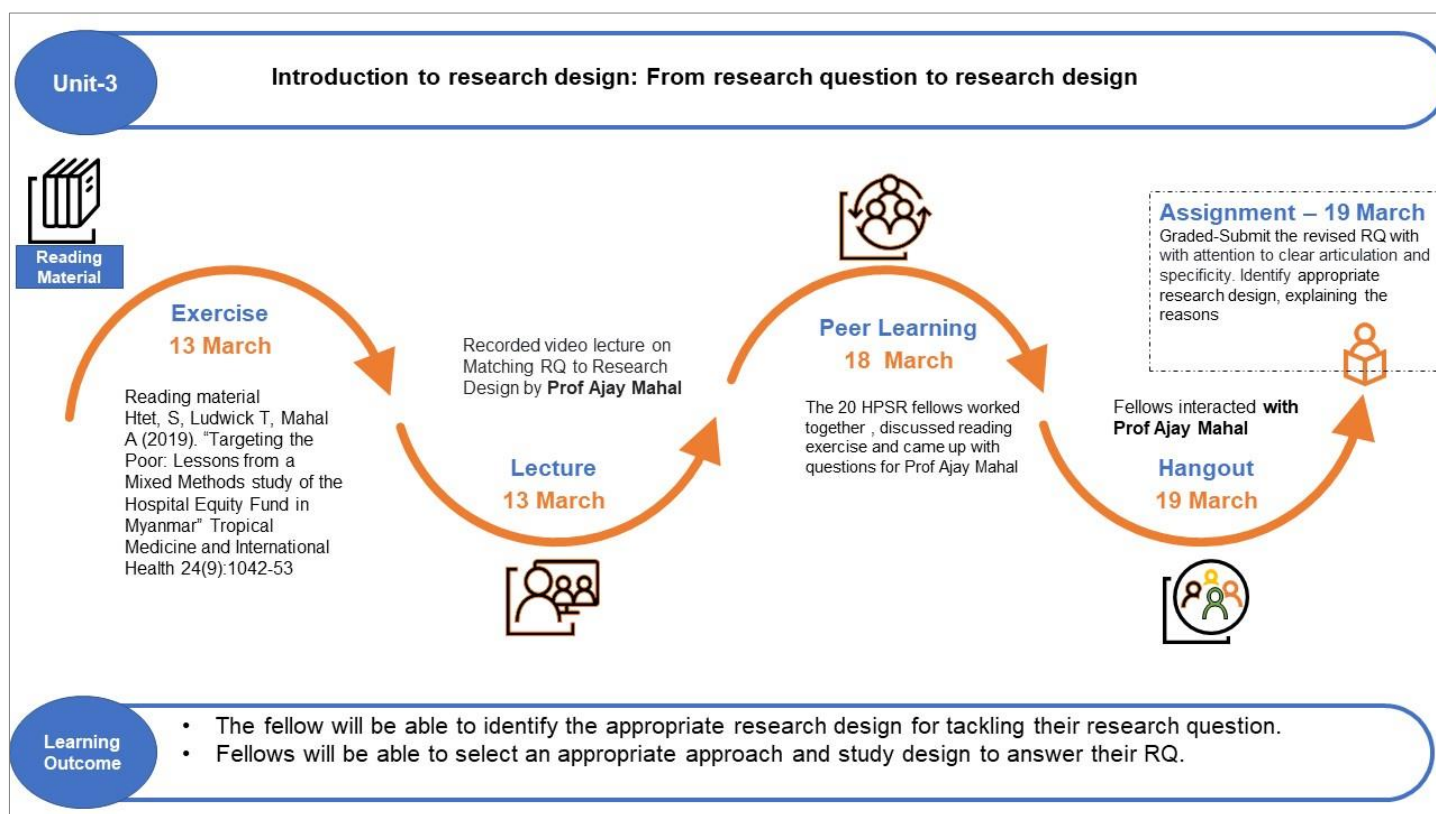
Online Module 3 – Introduction to HPSR & framing HPSR questions

Learning Outcome

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









Unit-1

Methods I - The case study approach and mixed methods

Lecture

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

Hangout Session

Hangout with the faculty to clarify doubts

30/03/2021

27/03/2021

03/04/2021

Lecture

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



Reading Material

Unit-2

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

Lecture

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

Exercise-1

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

Lecture

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

03/04/2021

05/04/2021

03/04/2021

03/04/2021

08/04/2021

Lecture

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

Exercise-2

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

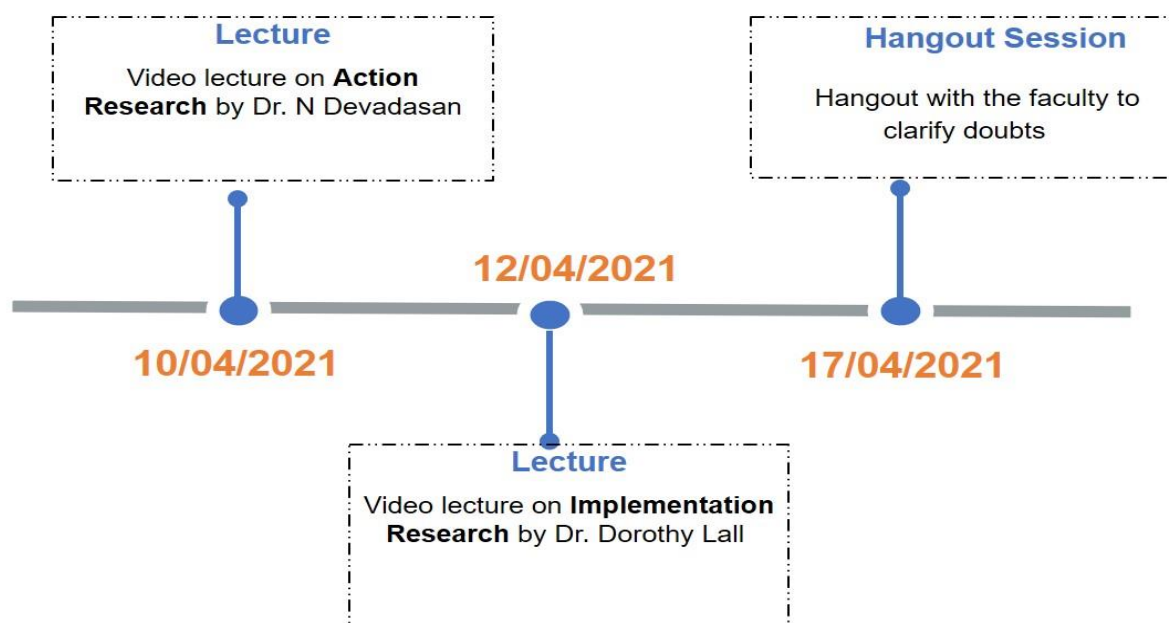


Reading Material



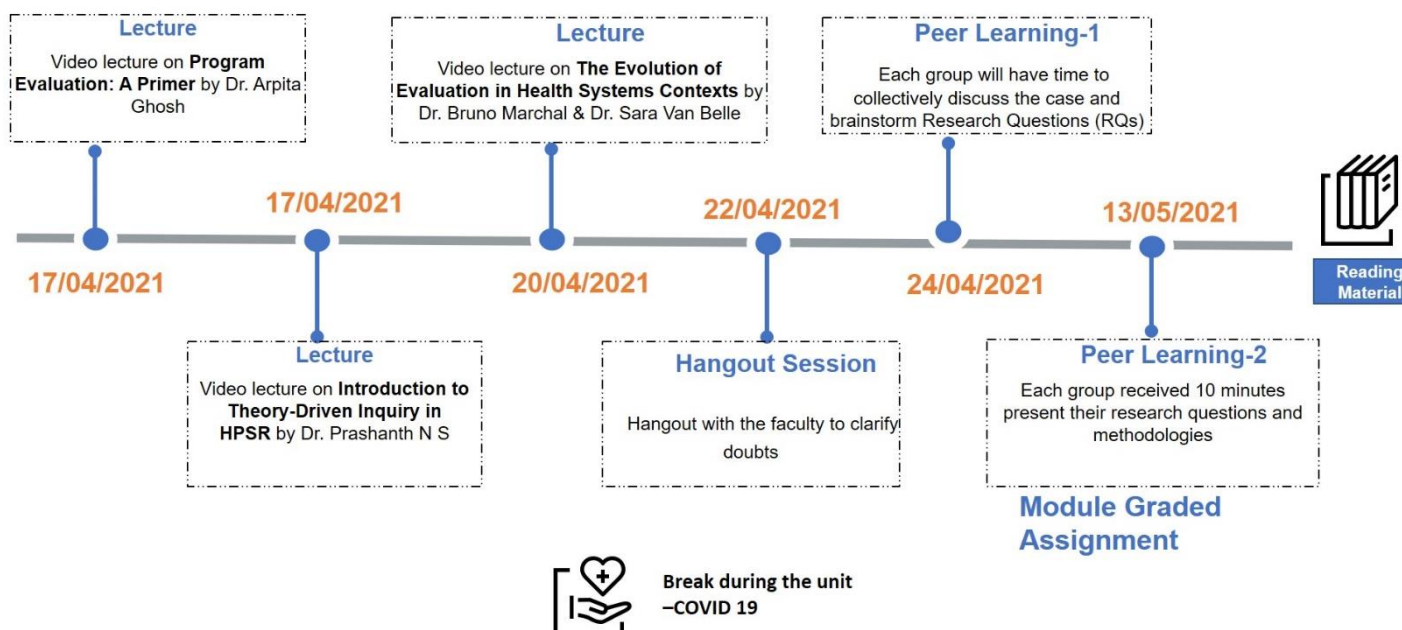
Unit-3

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



Unit-4

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





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 Faculty at Institute of Public Health Bengaluru (More details [here](#))



N Devadasan is the Technical advisor at HSTP (More details [here](#))



Prashanth NS is Assistant 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 Senior Research Fellow, Belgian Science Foundation and faculty at Institute of Tropical Medicine, Antwerp. (More details [here](#))



Sumit Kane is Associate Professor at Nossal Institute for Global Health (More details [here](#))

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



FELLOWS COHORT 2021



Akanksha Sonal, DM
Asst Professor, All India
Institute of Medical Sciences,
Kalyani

Research Interest: Mental
Health, Clinical Psychiatry,
Geriatrics



Anika Juneja, MPH
PhD Scholar, Institute of Public
Health Bengaluru

Research Interest: Health
Services, Social Determinants of
Health, Tuberculosis



Ankita Mukherjee, PhD
Researcher, George Institute of
Global Health, New Delhi

Research Interest: Medical
Devices, Universal Health
Coverage



Antony Stanley, MD
Scientist, SCTIMST, Trivandrum

Research Interest: Economic
Analysis, Tribal Health,
Healthcare Services



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

Research Interest: Urban
Health, Climate Change,
Nutrition



Anupama Sanjeev, PhD
Research Fellow, Ramaiah
Public Policy Center, Bengaluru

Research Interest: Gender,
Legislation, Capacity Building
More info @
www.rppc.ac.in/the-team/



Deepshikha Chhetri, MSc (Nutr)
State Consultant, Health &
Nutrition, Govt. of Haryana

Research Interest: Governance,
Health Policy, RMNCH+A



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

Research Interest: Health
Financing, Health Economics,
Health Technology



Gitismita Naik, MD
Sr Resident, All India Institute of
Medical Sciences, Raipur

Research Interest: Clinical
Epidemiology, Program
Evaluation, Health Technology



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

Research Interest: Primary
Healthcare, Capacity Building



Jithesh Veetilakath, MPH
Superintendent, Taluk Hospital
Areekode, Malappuram

Research Interest: Gender,
Palliative Care, RMNCH+A



Mintu Moni Sarma, M Phil
Investigator, The Ant, Guwahati

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



Mohammad Hifz Ur, PhD
Asst Professor, MM Medical
College & Hospital, Solan

Research Interest: Ageing,
Disability, Nutrition, RMNCH+A



Ponnambily Chandy, MSc Nurs
Asst Professor, Chettinad
College of Nursing,
Kanchipuram

Research Interest: Nursing,
Adolescent Health



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

Research Interest: Gerontology



Sabu K Ulahannan, M Phil
Project Supervisor, Institute of
Public Health, Bengaluru

Research Interest: Nutrition,
Epidemiology, Anthropometry



Sapna Mishra, MPH
Sr Research Fellow, SCTIMST,
Trivandrum

Research Interest: Health Policy,
Occupational Health, Social
Epidemiology



Sunu C Thomas, MPH
Research Fellow, SCTIMST,
Trivandrum

Research Interest: Data
Analysis, Phenomenology,
Qualitative Research



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

Research Interest: Mental
Health, Tobacco Control, TB



Tarundeep Singh, MD
Associate Professor, PGIMER,
Chandigarh

Research Interest: Geriatrics,
Primary Care, Family Medicine



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