

## Health systems & training initiatives

### OP-49 THE KEYSTONE HPSR SHORT COURSE: DEVELOPING CAPACITIES FOR POLICY-RELEVANT HEALTH POLICY & SYSTEMS RESEARCH

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**Background** The production of policy-relevant knowledge for health systems change in India is not adequate to meet country needs. This is attributable partly to inadequacies in numbers of rigorously trained researchers in Health Policy and Systems Research (HPSR), and partly to a fragmented environment for HPSR. Although, skilled researchers exist across diverse organisations, they tend to operate within academic disciplinary silos (economics, political science, anthropology, public health), rather than as part of a cohesive change-creating HPSR community.

KEYSTONE was designed as a joint national initiative of several HPSR organisations, to develop new capacities, and to channelize latent capacities in multiple disciplines, towards addressing critical needs of health systems and policy

development in India. The core strategic processes of KEYSTONE were anticipated to lead to activation of a virtuous cycle of change, leading to enhanced production of relevant HPSR knowledge to meet country needs.

**Methods** Inaugural edition of the KEYSTONE course focused on building HPSR capacity of fellows through a rigorous 10-day short course in current HPSR approaches, frameworks and methodologies for investigating and addressing real-world problems of health systems and policy. This was done through cross-disciplinary engagement (of researchers, health system actors and other learning networks) and built around an active dialogue with health system decision makers and community-based organisations. The design was composed of synergistic 'Horizontals' (foundational concepts and common HPSR approaches or lenses), and crosscutting 'Verticals' (for individual fellows, health system problem vertical & reading vertical) created the platform to enhance the threshold skills and competencies of the fellows.

**Findings** The design and delivery of the course contributed in synergising the varied capabilities of the fellows who came from

a range of institutions (academic/research organisations, government health departments, technical organisations and NGOs) and moulding them to frame crucial research themes that were grounded in the real world of the health system (see Annex, Table 1), addressing governance issues, policy analysis, political economy analysis and around the organisation of care. HSR experts and health systems decision makers reviewed these and found that such themes were highly relevant for policies.

**Discussion** Inaugural experience of KEYSTONE suggests that a well-designed and delivered HPSR short course can build foundational skills for a health policy and systems researcher. Themes identified by all twenty KEYSTONE fellows demonstrated that they have developed abilities for identifying relevant, complex and diverse HPSR issues requiring examination within the health system. This can be attributed to the focus of the KEYSTONE course on (a) the developing training curricula based on dialogues with key health system actors; (b) a question-driven and case study-rich approach to pedagogy; (c) a multidisciplinary approach to teaching HPSR; (d) a participatory approach, building on the experience of various institutions and faculties; and (e) emphasis on research rigour, ethics, and researcher reflexivity, during the conduct of training. Retaining these will be crucial parameters to scale up the KEYSTONE model, towards developing individual and organizational capacities for HPSR in the country.

*No competing interest.*

**Abstract OP-49 Annex, Table 1** Research themes identified by KEYSTONE fellows, resulted by the short course

Broader research areas	Specific research themes
Governance issues	<p>Analysing decentralized health planning and role of political will under the National Health Mission (NHM)</p> <p>Understanding the relationship between quality of administration and performance of other health systems building blocks</p> <p>Understanding complexity in decision making for health at state level</p> <p>Understanding flexibility available to states/union territories for planning under NHM</p> <p>Integration of leprosy into general health services</p> <p>Relationship between strengthening of Village Health Committees and better service provision at village-level health facilities</p> <p>Understanding flexibility available to states/union territories for planning under NHM</p> <p>Relationship between strengthening of Village Health Committees and better service provision at village level health facilities</p> <p>Understanding flexibility available to states/union territories for planning under NHM</p> <p>Empowering people's health forum in improving health services</p>
Policy analysis	<p>Zero prescription policy: analysing the implementation ASHAs to ANMs: opportunities and challenges</p> <p>Poor or sub-optimal implementation of Tribal Health Action Plans</p> <p>Understanding modified policy of medicine procurement and distribution system</p>
Political economic analysis	<p>Tuberculosis therapeutics: a case of inadequate attention or poor outcome?</p> <p>Understanding the process of accepting development aid in health</p> <p>Interpreting 'health systems' and its capacity to respond to the problem of under-nutrition at district level</p>
Organisation of care	<p>Gaps in utilization of NCD services across public &amp; private sector</p> <p>Insourcing of private providers to fulfil the primary care needs in urban settings through a publicly-managed UHC system</p> <p>Point of care services in urban space: a pathway study</p> <p>Fragmentation of Maternal and Child Health services in urban settings</p> <p>A study of state-run health insurance scheme in an urban public hospital</p>