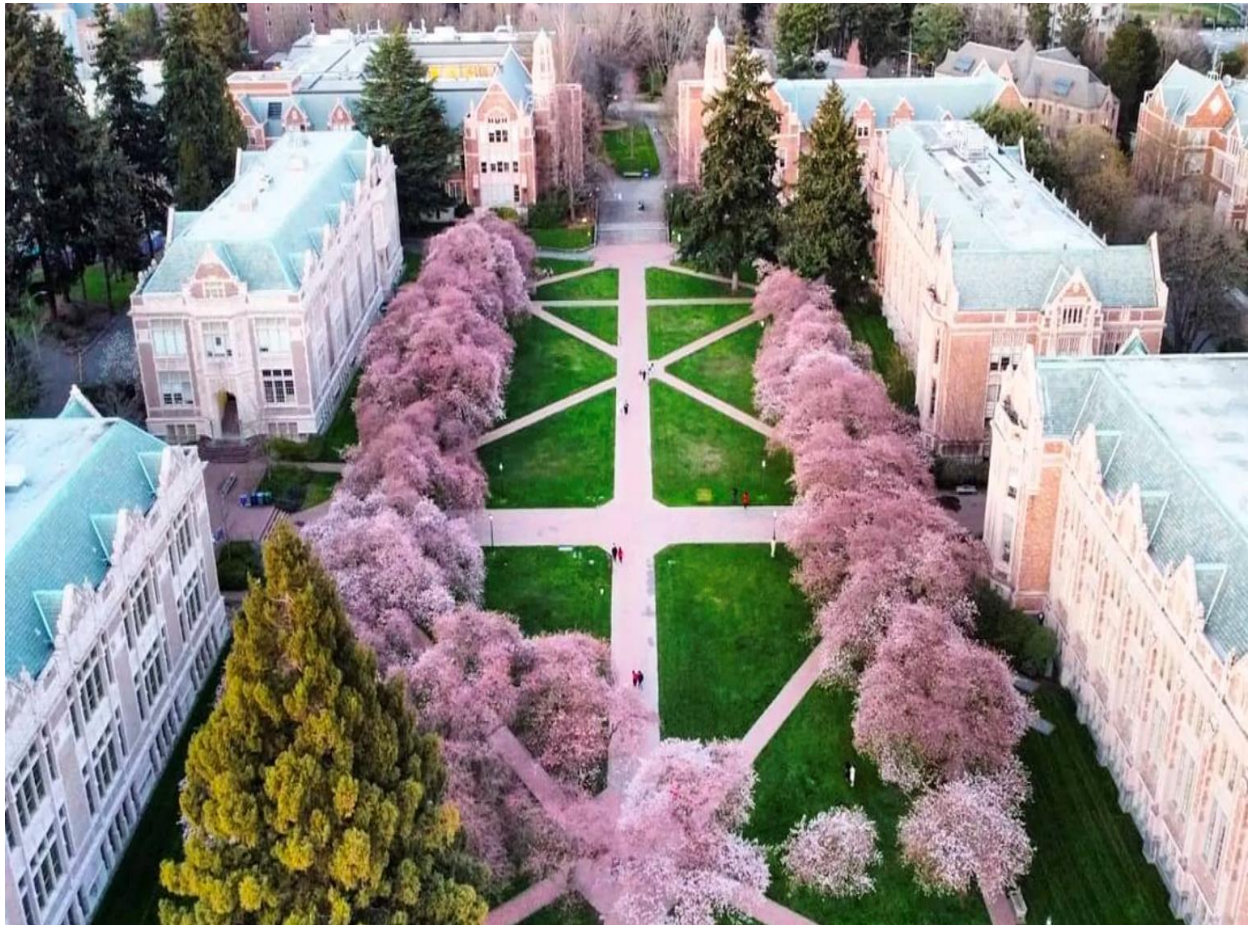
DEVELOPING A CONSORTIUM OF INTERDISCIPLINARY RESEARCH SERVICES IN INDIA

Nicole Asa, Gregory Zane, Lasata Shrestha, Barclay Stewart, Akhtar Badshah

July 5, 2023

START CENTER
STRATEGIC ANALYSIS, RESEARCH & TRAINING CENTER
Department of Global Health | University of Washington

AGENDA



- Introductions
- Updates
- Review objectives and methods
- Key informant interviews
- Research on existing exemplars of interdisciplinary partnerships
- Questions and discussion
- Project logistics

UPDATES

1. Conducted 8 key informant interviews
2. Synthesized information from key informant interviews
3. Researched exemplar organizations involved in interdisciplinary research in India

PROJECT OBJECTIVES

Explore feasibility of developing a consortium of interdisciplinary research services with partnerships between faculty various disciplines and institutions in India

Understand adoption potential of an interdisciplinary research model through conversation with content experts

Evaluate existing exemplar interdisciplinary partnership models in India

PROPOSED METHODS

Key Informant Interviews

1. We conducted key informant interviews to get information on building interdisciplinary partnership models in India

1. Using this information, we synthesized themes to understand feasibility and adaptability of an interdisciplinary model in India

Research on existing interdisciplinary partnerships

1. We identified exemplars of organizations involved in interdisciplinary research partnerships through KIIs

1. We researched these organizations to better understand their models and key areas of interest to identify the gaps in interdisciplinary research in India

PROPOSED DELIVERABLES: REPORT

1. Synthesis of KIIs including feasibility and adoptability of an interdisciplinary research collaboration
2. Identify and describe exemplar organizations and institutions involved in interdisciplinary research
3. Outline next steps for the ICO to expand interdisciplinary research in India

KIIs

LIST OF KEY INFORMANTS

NAME	DESIGNATION	ORGANIZATION
Dr. Anuradha S	Director and Professor of Medicine	Maulana Azad Medical College, Delhi
Neeraj Jain	Country Director	PATH
Dr. Amrita Misra	Director for Health and Nutrition	Project Concern International (PCI)
Dr. Sharon Buteau	Executive Director	IWWAGE, LEAD
Dr. Sarang Deo	Executive Director	Max Institute of Healthcare Management, ISB
Prof (Dr.) Preeti Kumar	VP-Health Systems (PHFI) and Director-IIPH	Public Health Foundation of India
Dr. Jaya Chakravarthy	Professor, Medicine	Banaras Hindu University, Varanasi, UP
Dr. Anurag Agrawal	Dean, Biosciences and Health Research	Ashoka University

IMPORTANCE OF INTERDISCIPLINARY RESEARCH

1. Holistic perspectives
2. Comprehensive data analysis
3. Bridging gap between research and practice
4. Synergy in expertise
5. Allows for shared funding and resources

INTERDISCIPLINARY RESEARCH EXAMPLES

Dr. Anuradha (MAMC Delhi) has worked in HIV interdisciplinary research through collaborations with different programs. Along with that, when she or another researcher need another expertise, they will individually reach out to a person. Secondly, if the government wants a project carried out, they will contact individuals and put a team together. So, interdisciplinary research is happening when required, just not always under a formal center.

Neeraj Jain works at PATH which is an interdisciplinary group that develops their own partnerships for collaborations. PATH has 900 people working with state and central government with many funders, so utilizing their network has been a best strategy to connect with collaborator.

INTERDISCIPLINARY RESEARCH EXAMPLES

Dr. Chakravarthy (BHU) often works across disciplines in her work on Leishmaniasis. BHU is a large institution with a lot of different institutions, so it is possible to collaborate a lot within the university, international collaboration, and collaboration between business and medicine. BHU also has a virtual group that funds some of participants time, and brings partners together and discuss future research and implementation.

BANARAS HINDU UNIVERSITY

PUBLIC HEALTH FOUNDATION of INDIA

Dr. Kumar (Public Health Foundation of India) has been at the forefront of interdisciplinary research. Most of their research is donor initiated, and is organized by the donor along with the senior researchers from each institution. PHFI has centers of excellence which are designed to focus on interdisciplinary research. Dr. Kumar is also working with 18 other organizations on research through a request by the Wellcome Trust.

FACILITATORS

1. Junior faculty or early-career profession would have more time to devote to research and would be motivated through career-advancement and promotion
2. On the other hand, building teams around top experts would help to build recognition
3. Utilizing an institution-based consortium would be cheaper than a consulting agency
4. Smaller institutions without interdisciplinary schools may benefit from an interdisciplinary model more than larger institutions
5. KIIs were interested in expanding interdisciplinary research in India and working with students

BARRIERS

Funding

It will be difficult to get a central funder, but project-specific funding will not be sustainable

Certain funders are not accepted in India

Any funding that you receive in India from a foreign source cannot be subcontracted.

Possible government funding from national level but not state level

Faculty/Student Engagement

A lot of faculty may be too busy to dedicate time to an interdisciplinary research collaboration

Priorities are in teaching and clinical work

Incentivizing faculty will be difficult, and an increase in salary is the most likely option

Students have little incentives to be involved as they are very busy with classwork and their own research, and are often not paid

Logistics

Collaboration between public-to-public institutions is easy but between public to private institution is hard

This type of model may not be scalable outside of one institution or a few institutions

Establishing partnerships and recognition among researchers would take a lot of time

Working with government and getting project approval can take a long time

EXEMPLARS

J-PAL
ABDUL LATIF JAMEEL POVERTY ACTION LAB
SOUTH ASIA AT IFMR

ACCESS
HEALTH India

PUBLIC
HEALTH
FOUNDATION
OF INDIA

HSTP
Health Systems
Transformation Platform
www.hstp.org.in

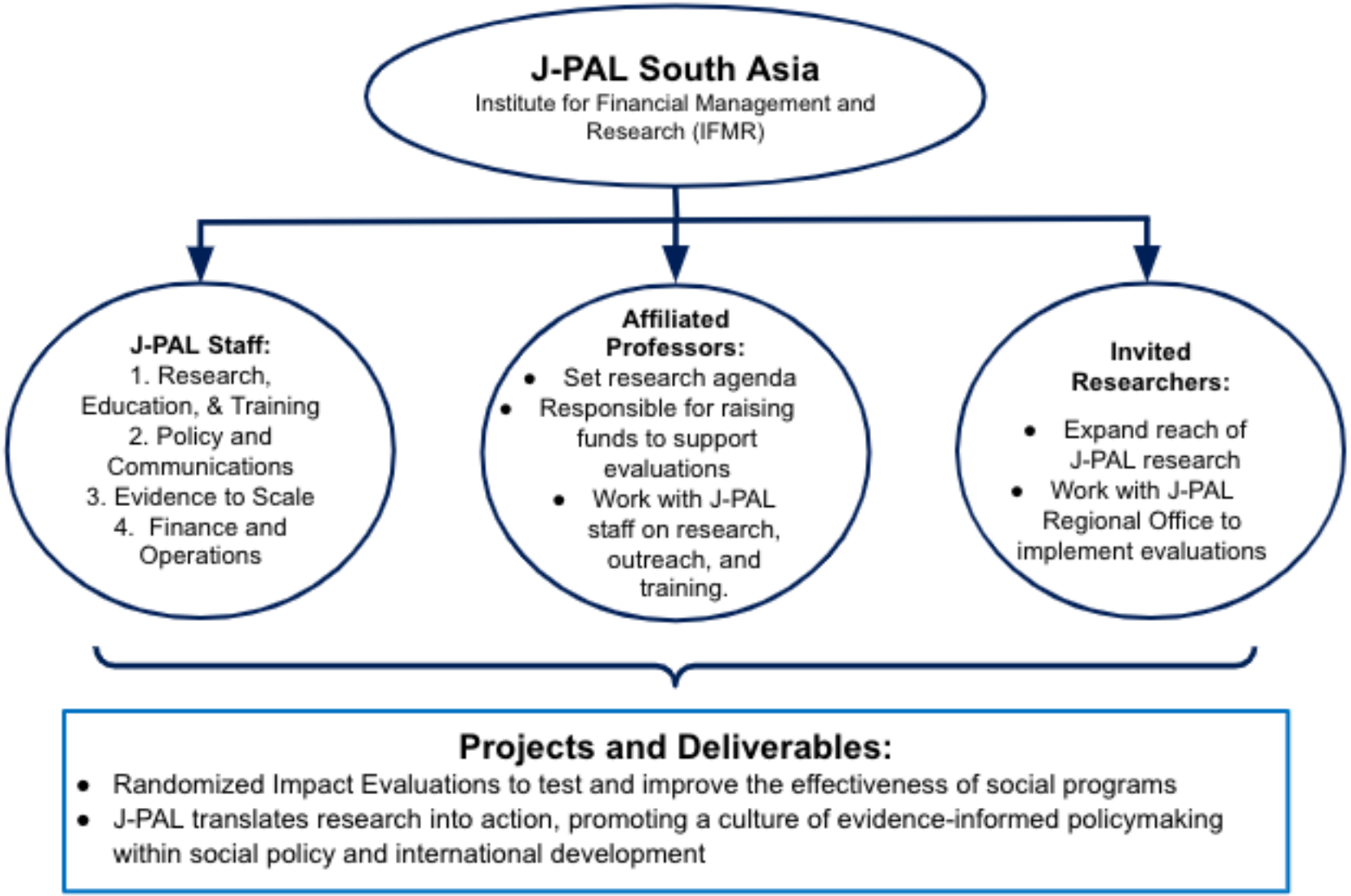
ASHOKA
UNIVERSITY

J-PAL

ABDUL LATIF JAMEEL POVERTY ACTION LAB

SOUTH ASIA AT IFMR

MODEL STRUCTURE

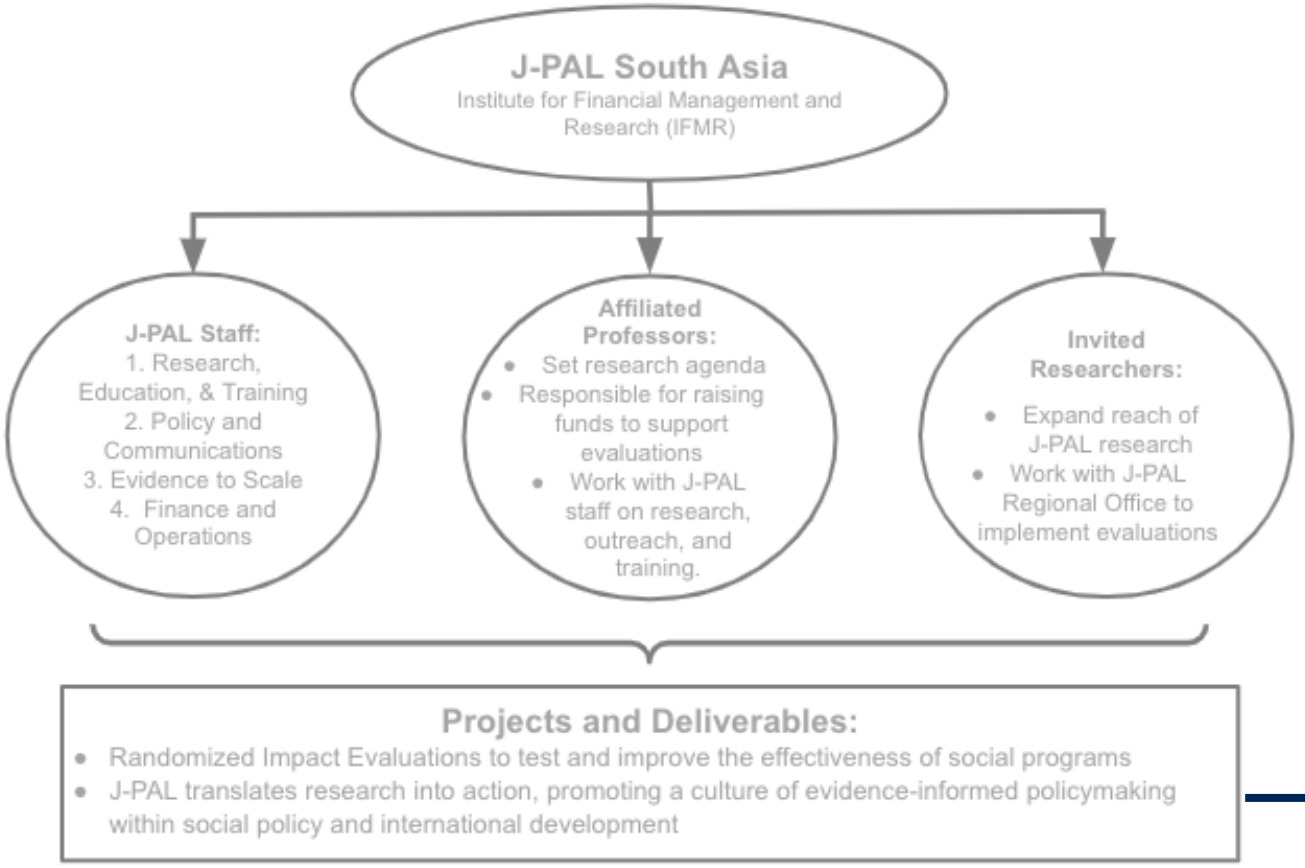


Bangladesh, **India**, Nepal, Pakistan, & Sri Lanka

Founded in 2007 with support of the Mulago Foundation and currently **funded by internal and external funding sources**

240 ongoing and completed evaluations within South Asia (**53 health-related**)

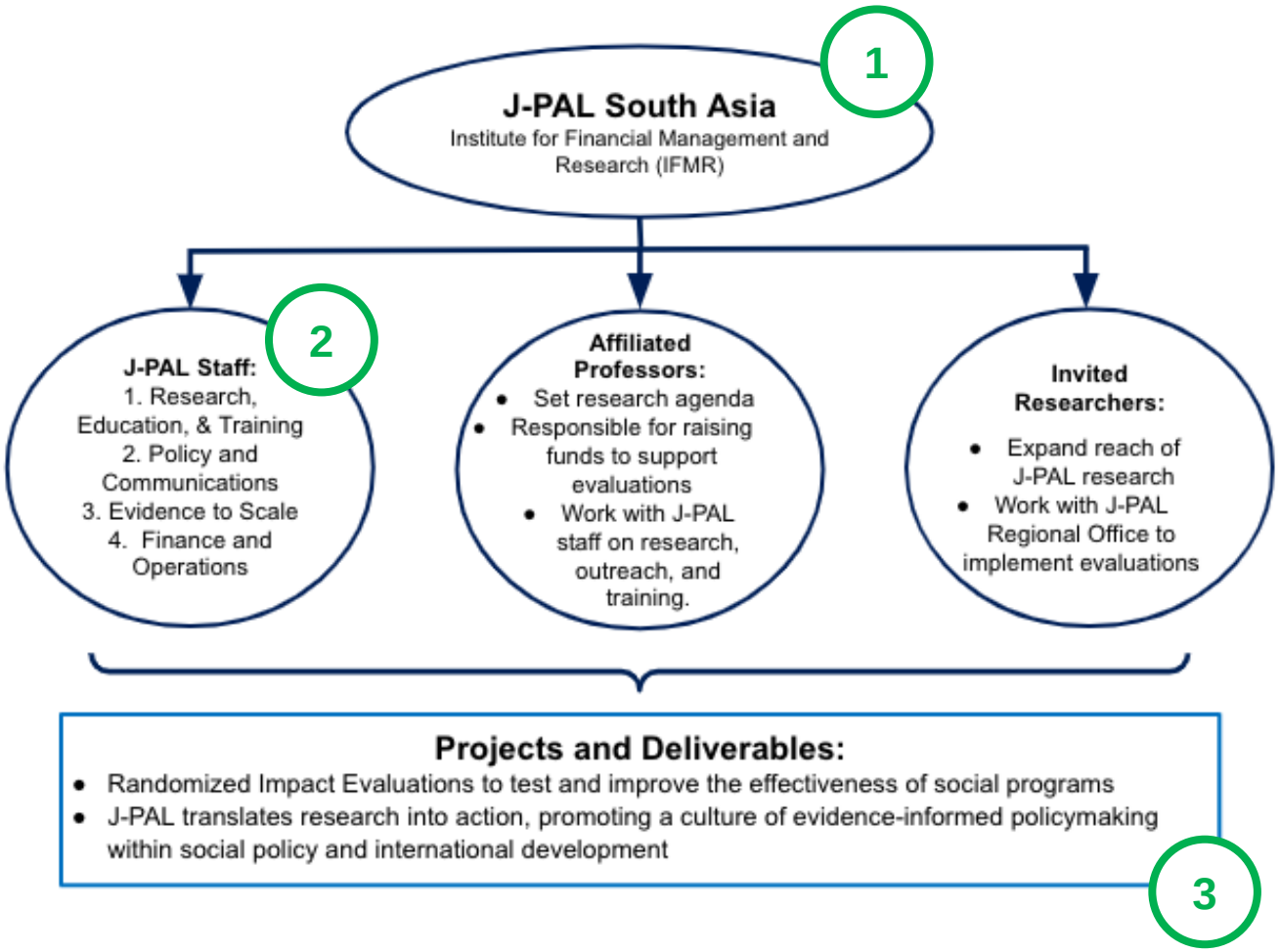
MODEL STRUCTURE



Example Evaluations

- Designing Incentives to Combat Urban Diabetes in India
- Mobile Phone-Based Extension Services and Agricultural Advice for Cotton Farmers
- Impact of Revealing Manager Ethnicity and Gender on Job Seeker Behavior in India
- Demand for Rainfall Insurance in India
- The Effect of India's Total Sanitation Campaign on Defecation Behaviors and Child Health in Rural Madhya Pradesh
- Improving Immunization Coverage Through Incentives, Reminders, and Social Networks in India
- Improving Non-Communicable Disease Compliance in India
- Increasing Tuberculosis Detection through Incentivized Peer Referrals in India
- De-biasing Over-Optimism about COVID-19 Risks to Limit Vulnerable Individuals' Risky Behavior in India
- Reducing Anemia Through Iron Fortification of Grain in Udaipur, India
- The Impact of Unconditional Cash Transfers to Pregnant Women and Lactating Mothers on Child Health
- COVID-19 Research Projects

MODEL STRENGTHS



1. Established partnership with IFMR and J-PAL Headquarters at MIT
2. Robust staff structure, including researchers, finance managers, operational specialists, and policy managers
3. Established partnerships with state governments and health-specific NGOs

ASHOKA UNIVERSITY

ASHOKA IN A SNAPSHOT

Data source: Ashoka University Annual Report 2021-2022, Ashoka University website

MODEL STRUCTURE

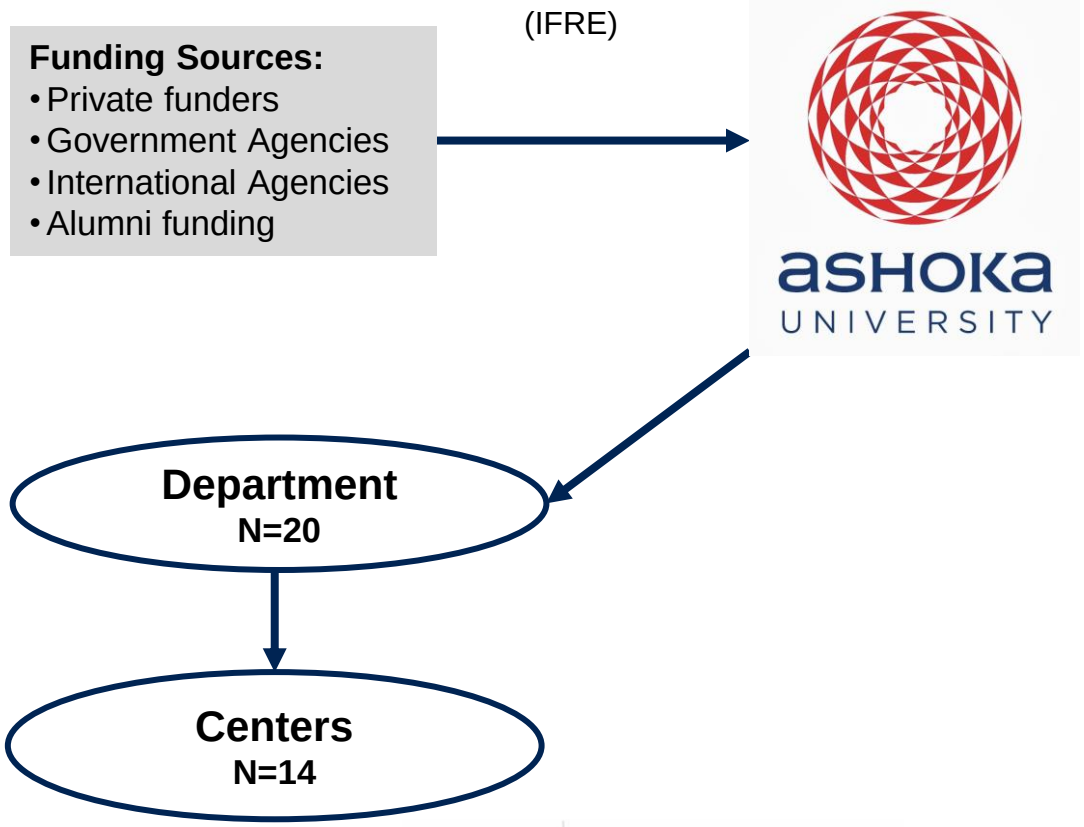
International Foundation for Research and Education (IFRE)

Funding Sources:
- Private funders
- Government Agencies
- International Agencies
- Alumni funding

MODEL STRUCTURE

International Foundation for Research and Education (IFRE)

Funding Sources:
- Private funders
- Government Agencies
- International Agencies
- Alumni funding



ASHOKA UNIVERSITY | Centre for Interdisciplinary Archaeological Research

ASHOKA UNIVERSITY Centre for Social Impact and Philanthropy

Centre for Social and Behaviour Change

ASHOKA UNIVERSITY Centre for Climate Change and Sustainability

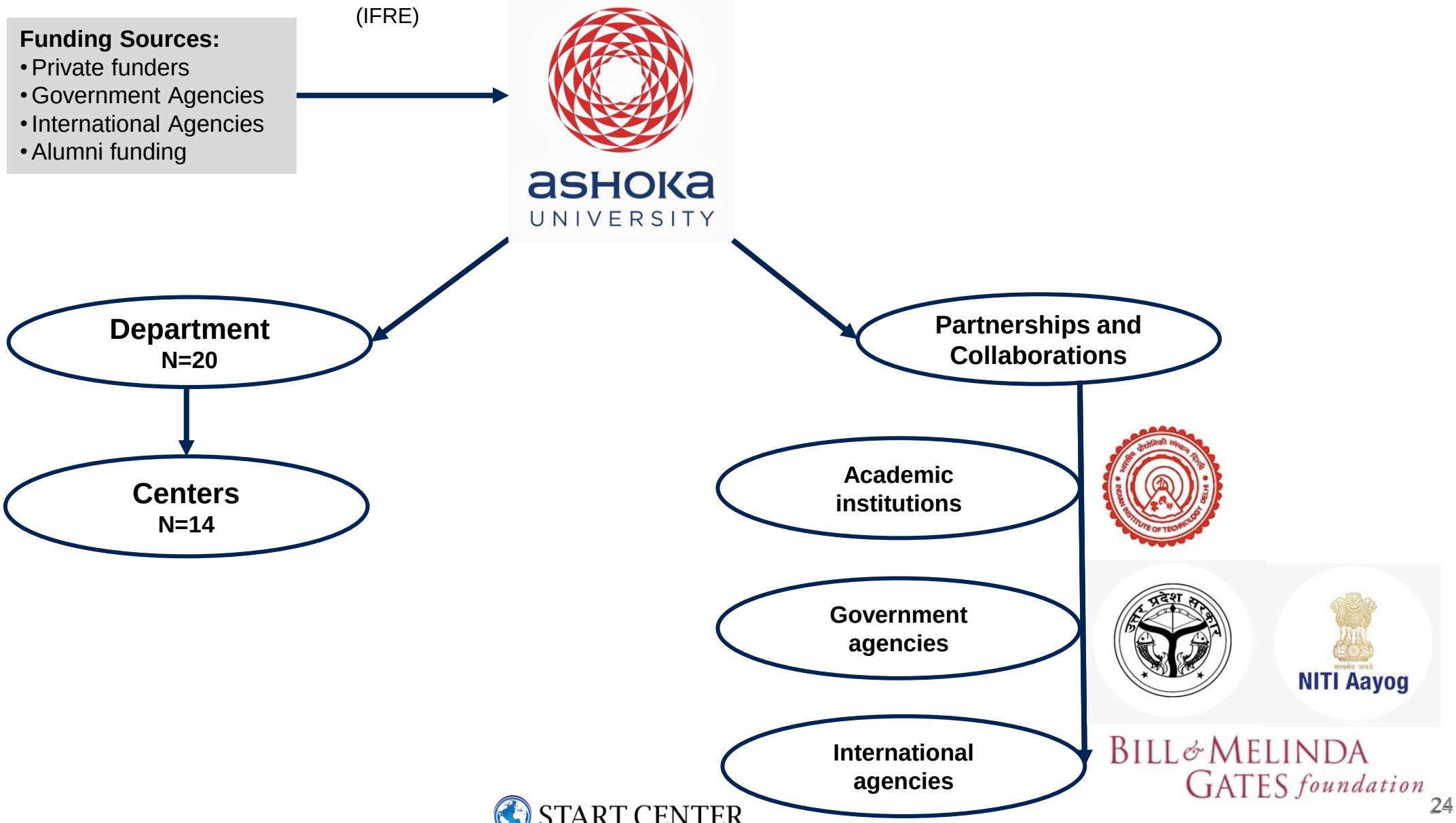
TCPD TRIVEDI CENTRE FOR POLITICAL DATA

START CENTER

MODEL STRUCTURE

International Foundation for Research and Education (IFRE)

Funding Sources:
- Private funders
- Government Agencies
- International Agencies
- Alumni funding



START CENTER

MODEL STRUCTURE

International Foundation for Research and Education (IFRE)

Funding Sources:
- Private funders
- Government Agencies
- International Agencies
- Alumni funding

ASHOKA UNIVERSITY

Department
N=20

Centers
N=14

Partnerships and Collaborations

Academic institutions

Government agencies

International agencies

ASHOKA UNIVERSITY | Centre for Interdisciplinary Archaeological Research

ASHOKA UNIVERSITY | Centre for Social Impact and Philanthropy

ASHOKA UNIVERSITY | Centre for Climate Change and Sustainability

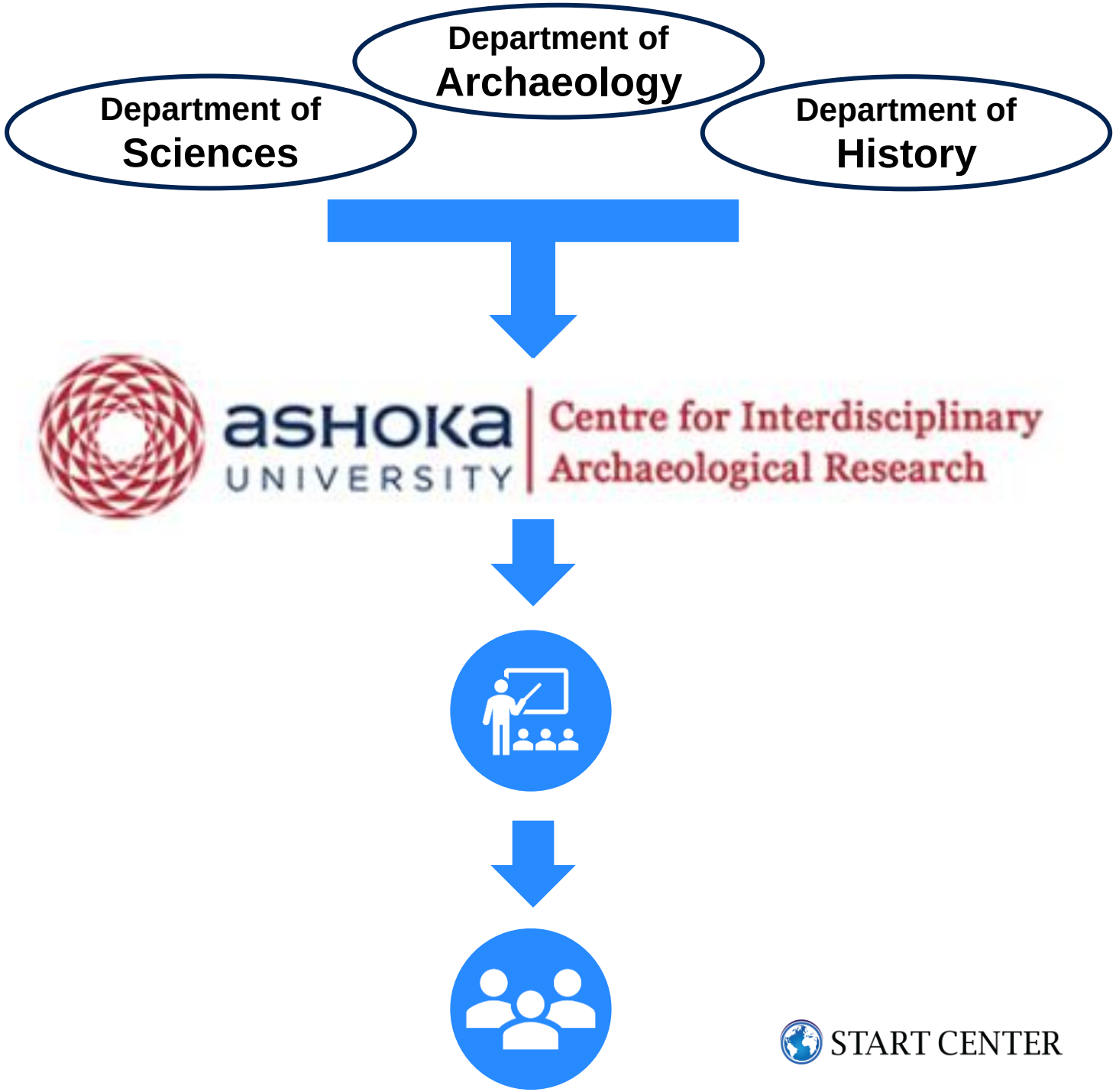
Centre for Social and Behaviour Change

TCPD TRIVEDI CENTRE FOR POLITICAL DATA

START CENTER

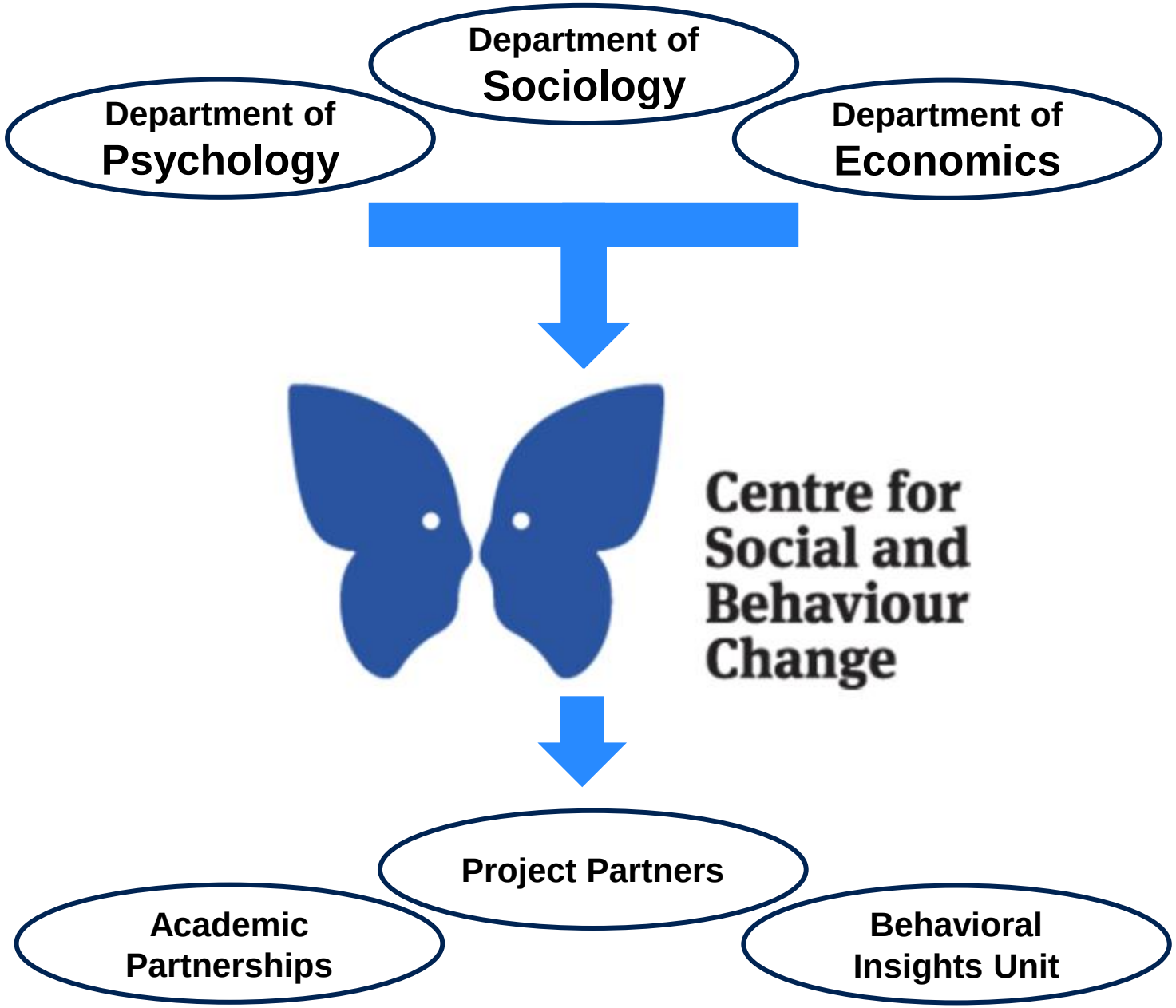
NITI Aayog

BILL & MELINDA GATES foundation



Projects and Deliverables:

- Exploring the Genomic Diversity of Remote Islands using Ancient DNA
- Foray into the forest: Bandhavgarh National Park and its Archaeology
- The Harappan City of Rakhigarhi
- Field Report of an oxbow lake in Sersa, Haryana
- Sonipat – Sites and Sights
- Forest as Protector of Heritage: The Interface of Archaeology and Science for Framing Public Policy



START CENTER

Projects and Deliverables:

- ASHOKA-IITD Collaborative Platform
- COVID-19 vaccine hesitancy in rural India
- Reducing physician hesitancy in recommending the HPV vaccine to adolescent girls
- Understanding Constrained Users' Experience of UPI-based Digital Payments
- Encouraging Low Carbon Lifestyles in Indian Cities
- Bihar JEEViKA COVID-19 Scale-up
- National Jal Jeevan Mission (NJJM)

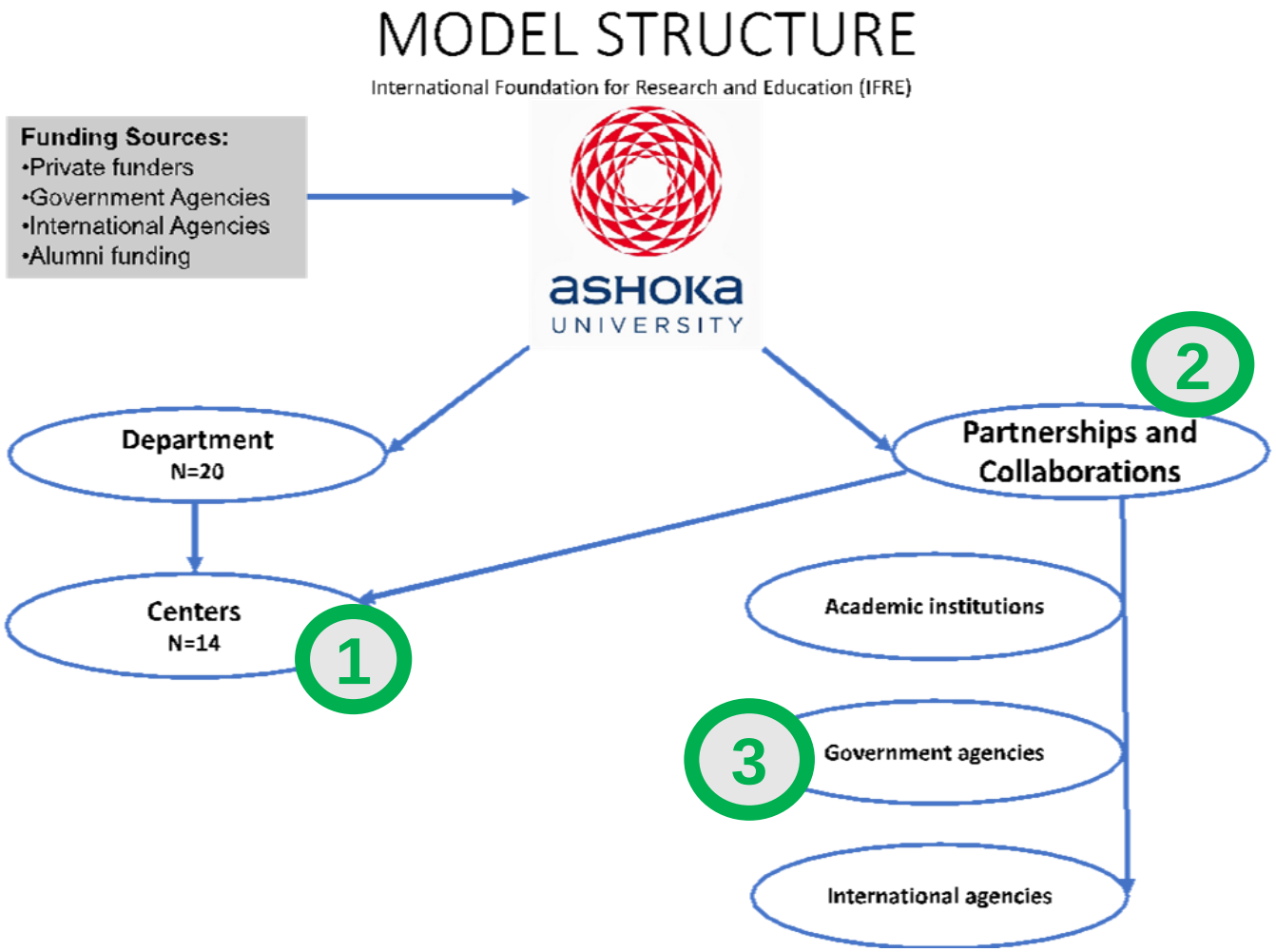
Chief Minister's Good Governance Associates Programme

- The CMGGA Programme is a strategic collaboration between the Government of Haryana and Ashoka University to improve governance in the state and driving a mass impact on ground.
- The programme provides a platform to 25 young individuals, to work closely with the Chief Minister's Office for bringing transparency, accountability and efficiency in public service delivery in the state.

Child Rights Fellowship

- The Child Rights Fellowship is a strategic collaboration between Delhi Commission for Protection of Child Rights (DCPCR) and Ashoka University to engage young professionals in transforming the lives of children in Delhi NCR.
- The fellowship aims to strengthen child rights and welfare in Delhi by driving mass impact on ground. It provides fellows with a platform to work on reforms, policy implementation and government stakeholder engagement.
- The fellows get an opportunity to innovate interventions and leverage data to strengthen child welfare initiatives and resolve implementation bottle-necks.

MODEL STRENGTHS



1. Structured interdisciplinary research approach with establishment of different centers

2. Inclusion of students in the projects to work alongside research staff

3. Strategic partnership with different agencies including government agencies (national and state-level entities)

CONCLUSION

1. Building a new model has a lot of pitfalls per KII conversations and our review of the literature

2. There are exemplar organizations involved in interdisciplinary research that can be leveraged to include students and build out public health capacity work

3. Strengths and weaknesses persist among exemplars and prioritization should be placed on improving these models rather than creating a new model

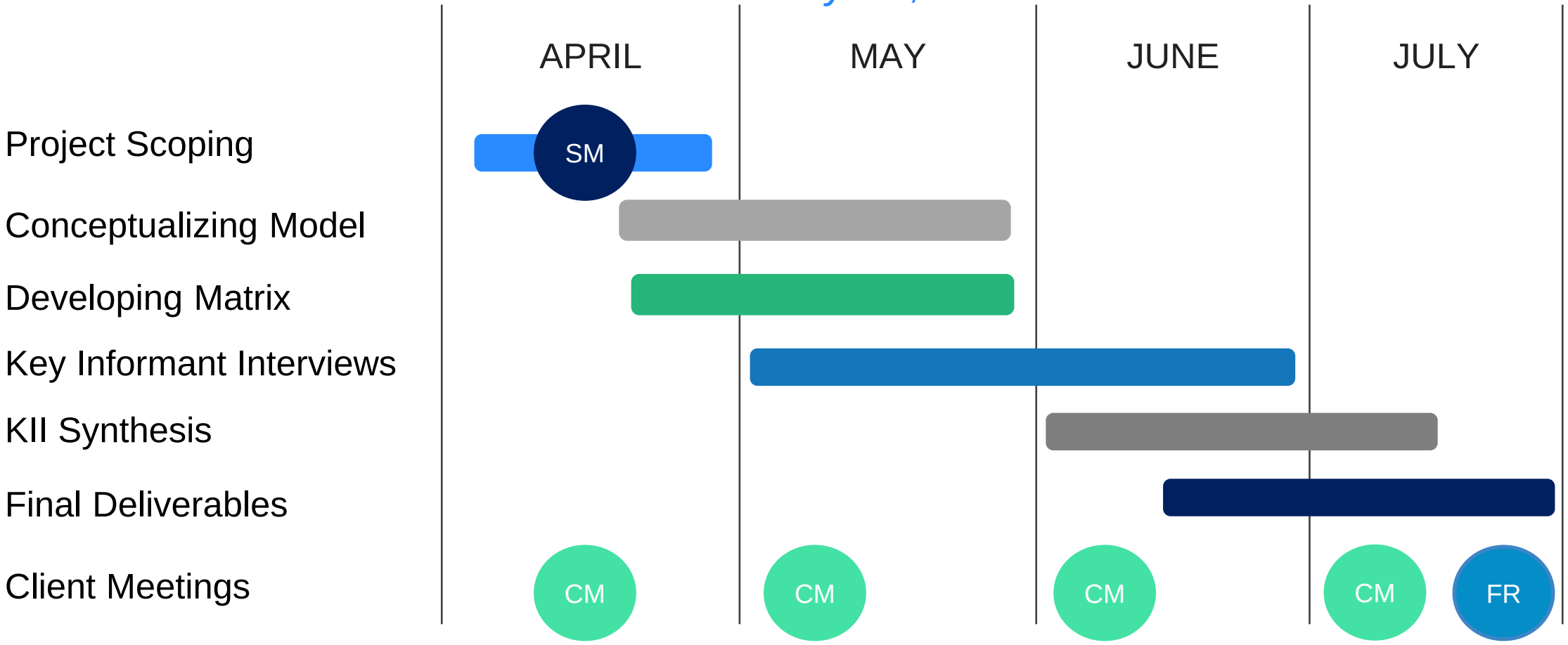
NEXT STEPS AND TIMELINE

NEXT STEPS

1. Write report synthesizing information from KIIs and research on exemplars
2. Finalize slide deck with any additional information
3. Send report and slide deck to ICO by end of July

PROPOSED PROJECT TIMELINE

March 28 - July 31, 2023



SM Scoping Meeting

CM Client Meeting

FR Final Report Out

THANK YOU

START CENTER
STRATEGIC ANALYSIS,
RESEARCH & TRAINING CENTER

APPENDIX

SIGNIFICANT THEMES FROM KIIs

1. Determination of Research and Geographical Scope
2. “Hub and Spoke” Model
3. Government Inclusion
4. Student Involvement
5. Management of Faculty Expectations

SIGNIFICANT THEMES FROM KIIs

1

Determination of Research and Geographical Scope

- This will be important to narrow down the number of faculty and institutions that are possible collaborators to those only within those expertise
- Faculty are siloed in their research interests
- Focusing on specific public health/policy, along with implementation topics will help develop sustainable funding structures
- Many grants in India are based on technology and digital solutions, which could help secure funding
- Geographical scope will need to be established for selection of partnering institutions/faculty, identification of research topics, and establishment of funding sources

SIGNIFICANT THEMES FROM KIIs

2

“Hub and Spoke” Model

- Coordinating center, preferably at an academic institution with a history of interdisciplinary collaborations, would manage project operations (e.g. intake of work order requests, project team development, funding management, etc.)
- Coordinating centers would build project-specific teams from a pool of eligible faculty/institutions that fit the 1.) research topic, 2.) geographical scope, 3.) and additional requests from project client
- Funding from philanthropies, public health/policy-specific organizations, etc. would need to be established as either organizational funding or project-specific funding and should be managed by the coordinating center
- Some recommended institutions include (for both coordinating center and partnered institutions): MAMC, CMC, AIIMS Delhi, NITRD, ICMR, IITs, DST, DBT, IFPRI, Population Council, Public Health Foundation of India, Ashoka University, NIMHANS, NHRC

SIGNIFICANT THEMES FROM KIIs

3

Government Inclusion

- The central government will need to be included at least as a collaborator
- Many KIIs agreed that most research questions will come from the government, or be aligned with the government priorities, but funding for these questions may not come from the government
- We will need to include government institutions to help ensure that the government is on board as a collaborator
- While high level advisors to the government may be unaffordable, it would be important to keep them in the loop
- State-level governments may also have interest in using this resource, with potential for “fewer” hurdles to jump through
- Mixed opinions if the government will fund work; therefore, funding sources may have to come from elsewhere

SIGNIFICANT THEMES FROM KIIs

4

Student Involvement

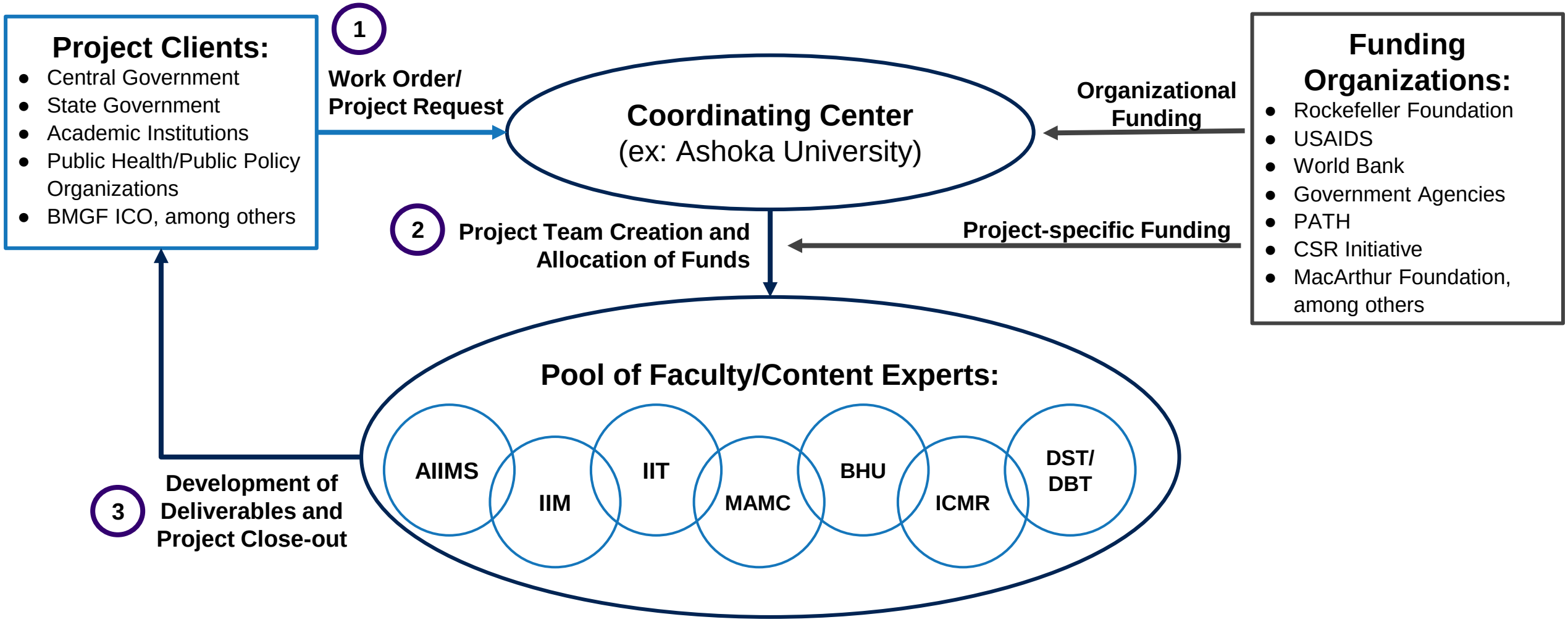
- PhD or post-graduate students would be a good inclusion, but establishment of a working model with faculty and content experts should take priority first
- Inclusion of undergraduate and/or masters students is unlikely, given limited experience and time in their respective programs
- Many KIIs were excited about student inclusion

5

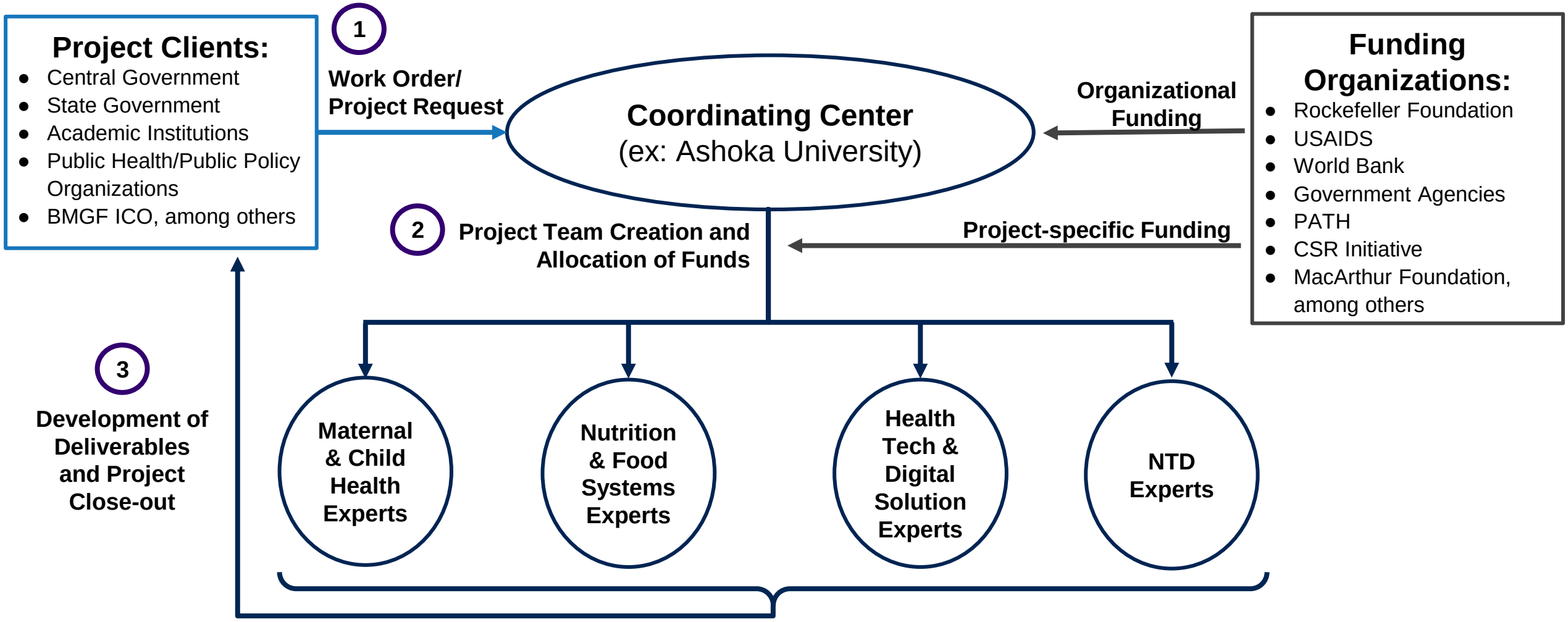
Management of Faculty Expectations

- Incentivizing faculty involvement may be difficult and should fit into current funding structures and professional norms/values
- Faculty expectations may change based on if we get more senior or junior faculty. Senior faculty have a recognizable name and might need higher incentives, while Junior faculty have a little less experience, but may have more time and be interested with less of an incentive

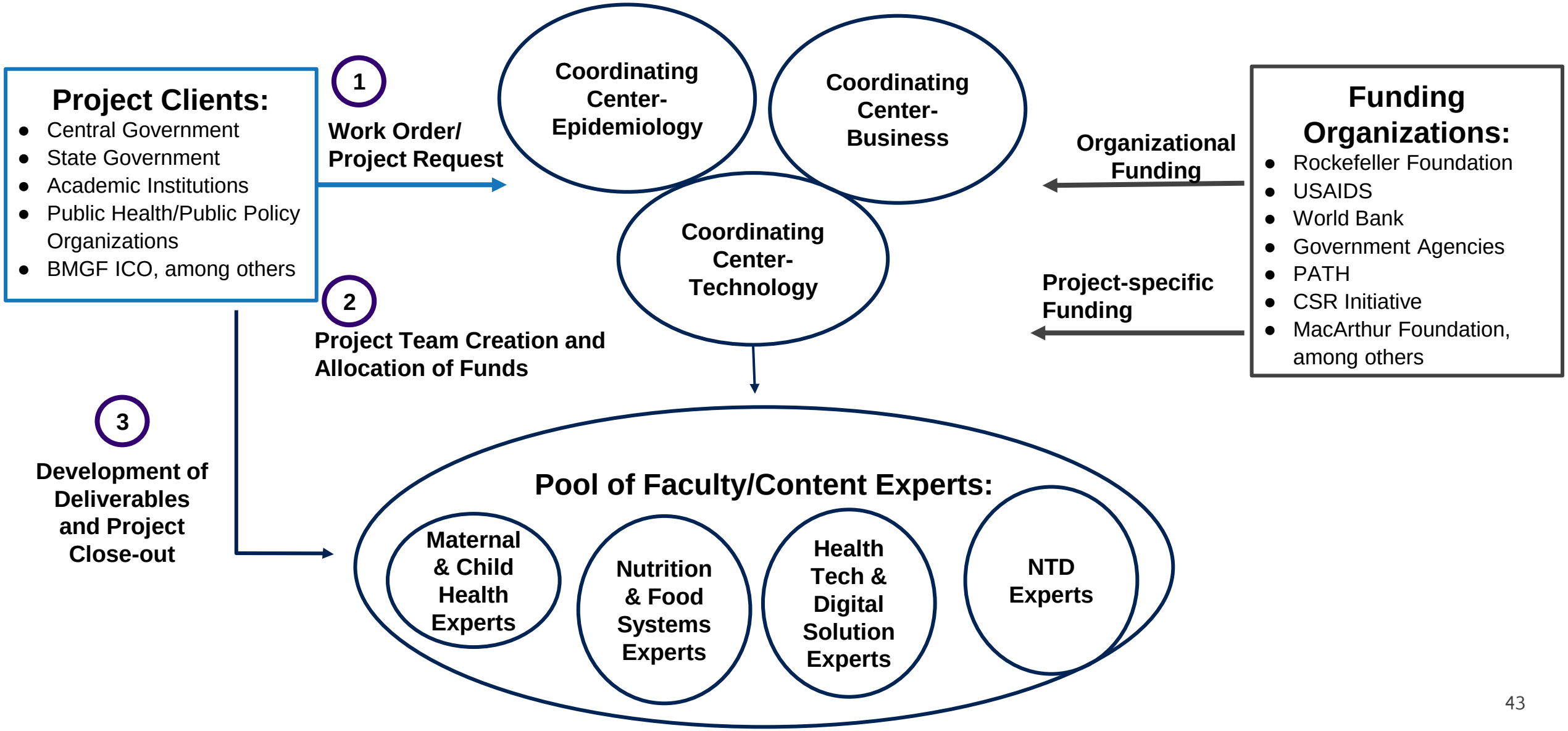
POTENTIAL MODEL SCHEMATIC 1



POTENTIAL MODEL SCHEMATIC 2



POTENTIAL MODEL SCHEMATIC 3



WORKSHOP AGENDA - DAY 1

Sessions	Session Details
Introductions and Icebreaker Activity (30 min.)	• Define expertise and professional background of individuals attending the workshop • Set personal and professional expectations/goals for the 2-day workshop
Introduction to the START Model and Overview of Project Origin (1.75 hours)	• Overview of START Center, including mission, values, goals, structure, and project consulting process • Discussion of project origins and potential value add of interdisciplinary research consortium in India • Overview of project work to-date, including KII findings, literature synthesis, and exemplars in India
Model Structure Discussion (1.5 hours)	• Outline potential model schematics that may work within the Indian context based on KIIs and review of research exemplars (~20 minutes) • Break-out groups to discuss barriers and facilitators of proposed models (~30 minutes) • Large group discussion (~30 minutes)

WORKSHOP AGENDA - DAY 1

Sessions	Session Details

Clients and Collaborators (1.5 hours)	• Outline potential clients and collaborators for a proposed interdisciplinary research consortium (~30 minutes), including but not limited to:
	  ○ Government involvement at central- and state-levels
	  ○ Inclusion of public health organizations as project clientele
	  ○ Determination of research/geographical scope of project requests
	• Break-out groups to discuss outlined topics (~30 minutes)
	• Large group discussion (~30 minutes)

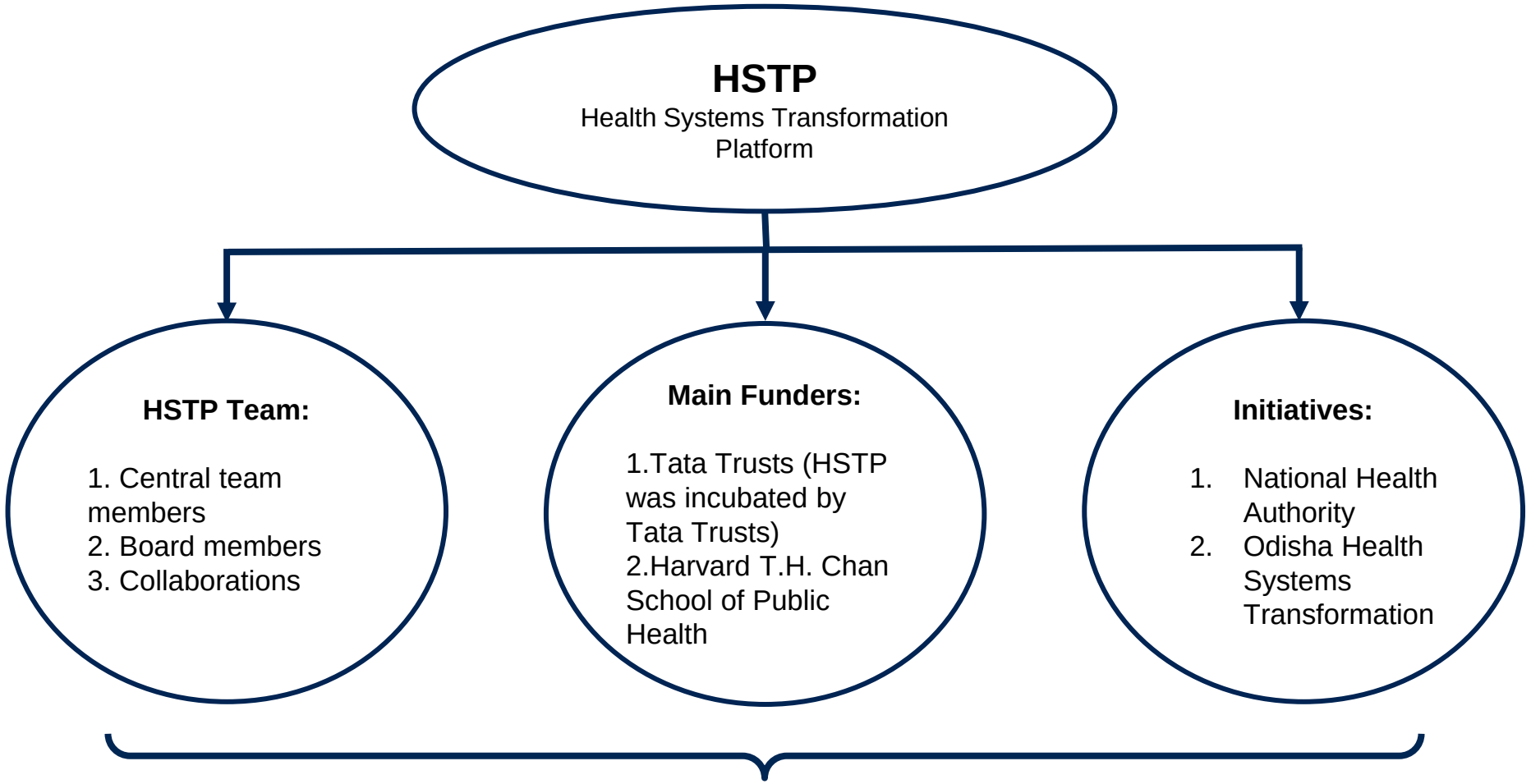
Funding Structure (1.5 hours)	• Break-out groups to discuss 1.) how organizational and project-specific funding will be structured and 2.) the sources of potential funding (~45 minutes) • Large group discussions (~45 minutes)

WORKSHOP AGENDA - DAY 2

Sessions	Session Details
Day 1 Debrief & Discussion of Faculty/Content Expert Partnerships (1.5 hours)	• Overview of Day 1 discussions (~10 minutes) • Break-out groups to discuss 1.) potential academic and non-academic partners, 2.) covered research topics, and 3.) methods to ensure success for interdisciplinary work (~40 minutes) • Large group discussions (~40 minutes)
Faculty Involvement and Incentivization (1.5 hours)	• Outline requirements for faculty involvement, funding structures, and opportunities for incentivizing faculty engagement (~10 minutes) • Break-out groups (~40 minutes) • Large group discussions (~40 minutes)
Future Opportunities for Student Training (1 hour)	• Large group discussions to understand how graduate student training can be formally incorporated into project work through an interdisciplinary research consortium
Final Thoughts, Next Steps, & Workshop Closeout (45 min.)	• Reflection on workshop and key takeaways • Discussion of ongoing support and future directions of project


HSTP
Health Systems
Transformation Platform
www.hstp.org.in

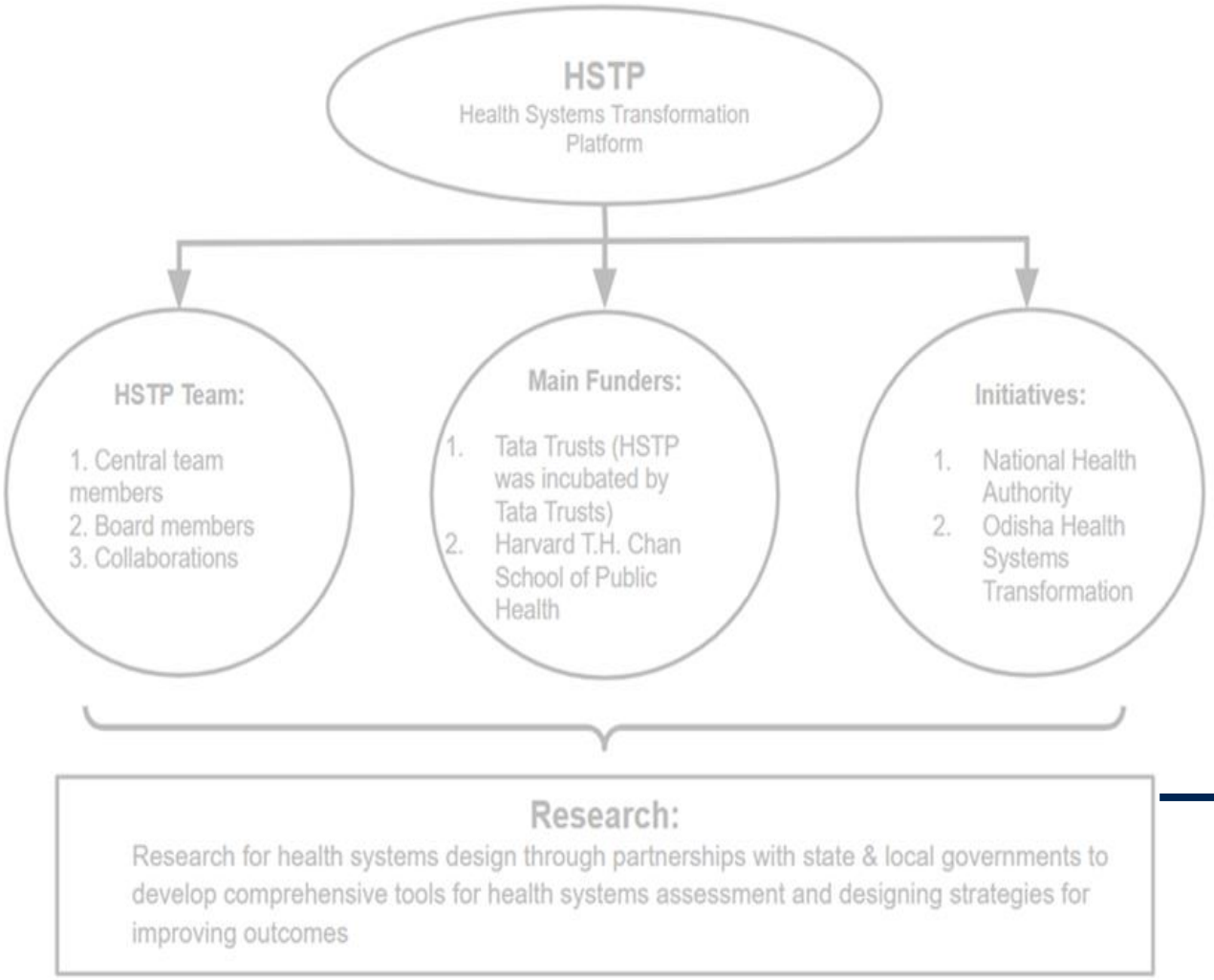
MODEL STRUCTURE



Research:

Research for health systems design through partnerships with state & local governments to develop comprehensive tools for health systems assessment and designing strategies for improving outcomes

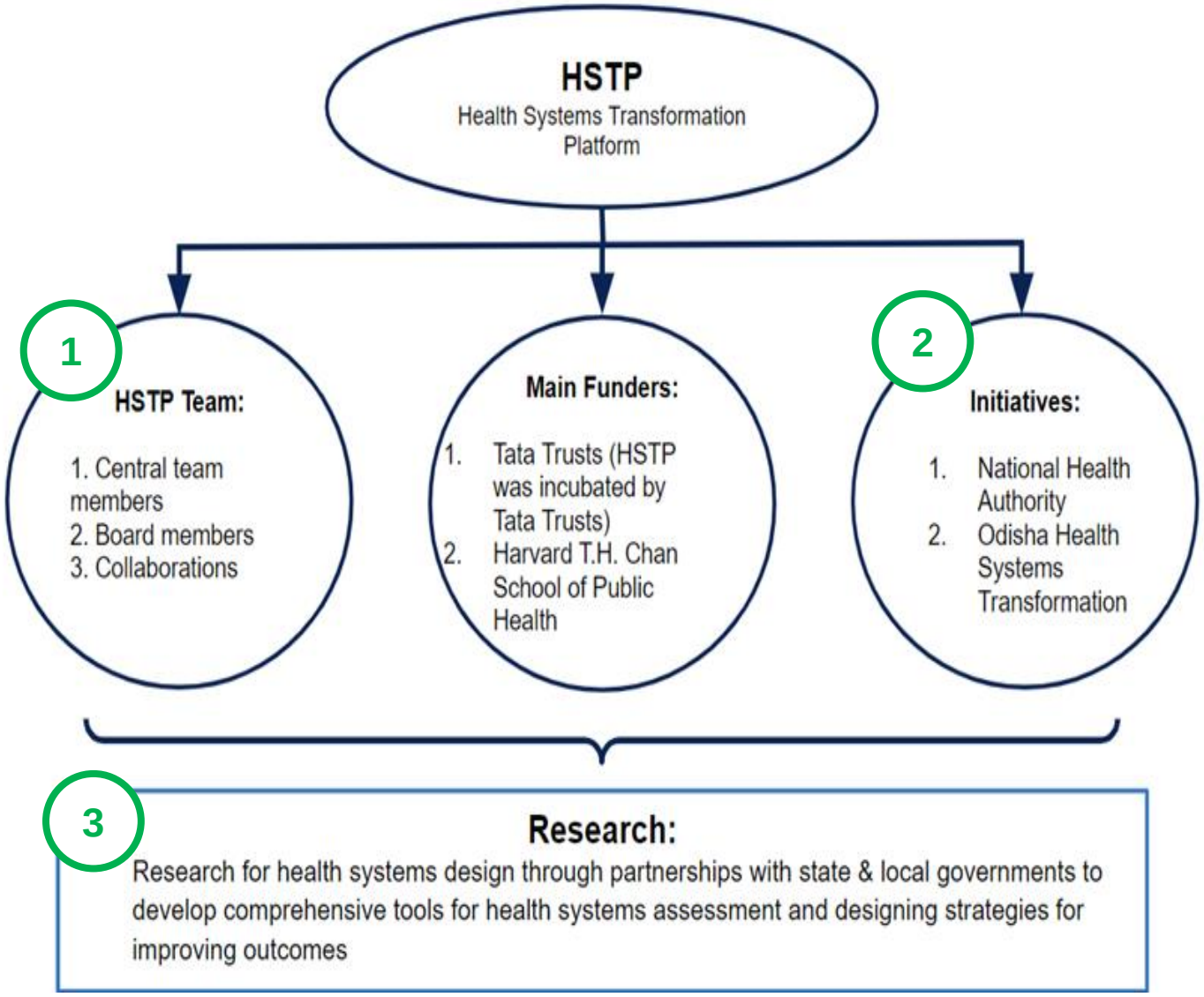
MODEL STRUCTURE



Example Projects

- HSTP Annual Reports
- Preventing the next pandemic: The role of an effective One Health programme in India
- Decentralised healthcare and SDG goals in Kerala
- India's Steady Progress towards UHC
- Nursing Education in India
- Access to abortion in India
- Covid-19 & Local Governance in Kerala
- Health Systems Governance in India
- Primary Healthcare Landscape in India
- Odisha Health Systems Strengthening Program
- India's rapid urbanization demands healthy urban planning: an opportunity to revive the WHO healthy cities approach
- Dialogue with Policy Makers
- Challenges in Cervical Cancer screening in India
- Improving Vaccine Hesitancy in India
- Primary Healthcare Models & Innovations from India
- State led innovations for achieving UHC in a low-resource setting Odisha, India: opportunities and challenges
- Incentivising Quality of Care in Indian health systems

MODEL STRENGTHS



1. Robust staff structure, including researchers, finance managers, operational specialists, and policy managers
2. Established partnerships with state governments and other collaborators
3. Extensive research including training programs and fellowships

PUBLIC
HEALTH
FOUNDATION
OF INDIA

PUBLIC HEALTH FOUNDATION OF INDIA

Founded: March 28, 2006 by the Prime Minister of India, Dr. Manmohan Singh

Vision: To strengthen India's public health institutional and systems capability and provide knowledge to achieve better health outcomes for all.

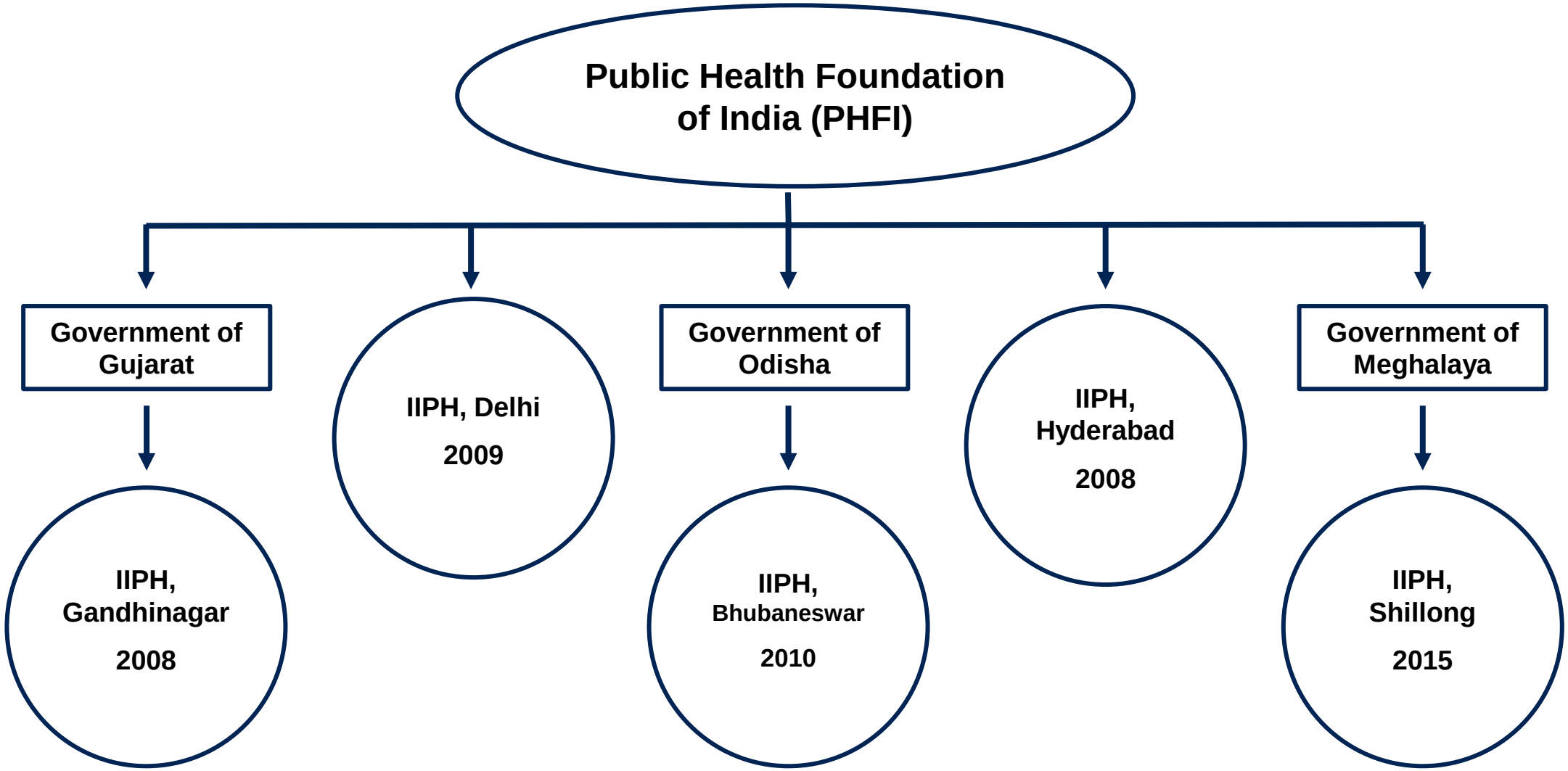
Mission:

1. Developing the public health workforce and setting standards
2. Advancing public health research and technology
3. Strengthening knowledge application and evidence-informed public health practice and policy

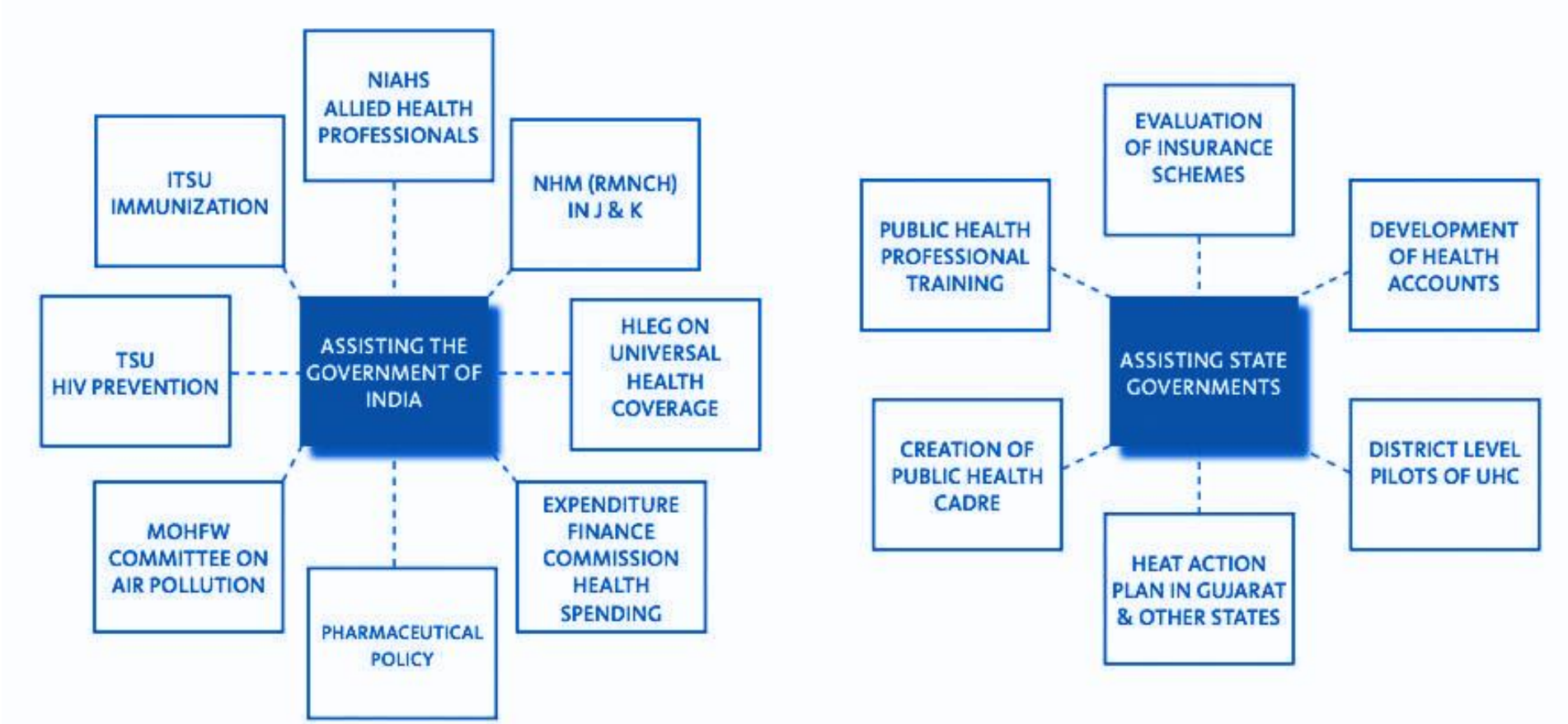
Primary Goals:

- Promoting policy and programme relevant research by filling critical information gaps, conducting health impact assessment and evaluating innovations for improving the outreach and effectiveness of health systems
- Supporting policy development and launching advocacy initiatives for: advancing agenda of Universal Health Coverage; action against air pollution and its health effects; public health cadres, at state level; tobacco control
- Implementing public health projects across a wide range of areas such as Maternal and Child Health, Infectious disease surveillance and control and Chronic Diseases Prevention and Control
- Supporting improvement of core public health programmes such as Immunisation; HIV/AIDS prevention; Allied Health workforce capacity building through technical assistance (as Technical Support Units) to Government of India and to the state governments
- Building a trained public health workforce through world-class, India relevant educational courses and training programmes

MODEL STRUCTURE



RESEARCH COVERAGE



CENTRE FOR CHRONIC CONDITIONS AND INJURIES (CCCI)

SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & RESEARCH (SACDIR)

RAMALINGASWAMI CENTRE ON EQUITY AND SOCIAL DETERMINANTS OF HEALTH

CENTRE FOR EXCELLENCE IN ENVIRONMENTAL HEALTH

FUNDING SUPPORT

Central and State Governments

- Ministry of Health and Family Welfare
- Government of Gujarat
- Government of Telangana
- Government of Delhi
- Government of Odisha
- Government of Meghalaya
- Government of Karnataka

Foundations and Agencies

- Bill & Melinda Gates Foundation
- Nand & Jeet Khemka Foundation
- Infosys Foundation
- HT Parekh Foundation
- Amar Foundation
- American India Foundation
- Friends of ISB Foundation
- Give2Asia/Deshpande Foundation
- Spandana Foundation

Private Sector and Philanthropies

- HCL Corporation
- Ms Rohini Nilekani
- AKM Systems Pvt. Ltd
- Ranbaxy Promoter Group
- Reliance Industries
- GMR Projects Pvt. Ltd
- GVK Power and Infrastructure Ltd

Project-Specific Contributions

- Central & State Governments
- Indian Council of Medical Research
- USAID
- UNICEF
- International Development Research Centre
- Bill & Melinda Gates Foundation
- MacArthur Foundation
- Academic Institutions