

# EMERGING VOICES2018

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# EV4GH

Newsletter

SWITCHING THE POLES

IN THIS ISSUE

## EV4GH2018 Applications - the journey so far

by Ketki Shah, EV4GH Secretariat

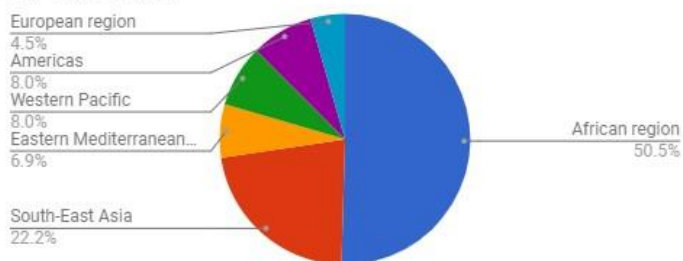
The call for applications to the [EV4GH2018](#) edition was open from November 2017 until 5<sup>th</sup> March 2018. This year, an unprecedented number of applications were received for this edition of the EV programme with 537 applications from over 80 countries. Clearly word is spreading!!!! That's more than double the numbers for 2016!!

This edition also differs from the preceding ones in that applications were open for two tracks: one for researchers, and the other for 'change agents' i.e. policy makers, activists, etc. most applications though were still for the researcher track at 376 applications vs. 161 for track #2. Most applicants were between the ages of 30-34 years. More women applied to track #1, i.e. the researcher track, while we received more applications from male candidates for track #2. "Leaving no one behind: health systems that deliver for all" was the most common choice of theme selected by the participants. Applications were received from around 80 countries, almost 50% of these, from countries in Africa. There was also an increase in submissions from Latin America by 46%. EV4GH had put in special efforts to attract more applications from both West Africa and Latin America. The EV governance members from this region as well as local networks such as WANEL are to be complimented on their efforts.

Funding continues to be in high demand with 51 % of applicants in Track 1 and 58% of applicants in Track 2 indicating they would be unable to participate without adequate scholarship.

**What next?** Only 5-7% of applicants will be selected for the EV2018 cohort. A rigorous peer-review process is being undertaken towards the applications, with at least two reviewers reviewing each application. Final selections will be made by 20 May 2018.

EV4GH 2018



## Other EV Activities - Webinars

The [HRH2030](#) and [EV4GH](#) co-hosted two promotional webinars for prospective Emerging Voices in English and French on [1st February](#) and [8th February](#) respectively. The purpose of the webinar was to orient the prospective participants on the unique training approach of EV4GH and to increase participation from underrepresented regions. It included information about the EV4GH program, benefits and opportunities of EV4GH, HRH2030 program and deadlines and other important dates leading up to the Fifth Global Symposium on Health Systems Research. There were 207 registrations for the first webinar which was facilitated by Prashanth NS, Andrea Poling and Isabel Kaganza. The second webinar specially targeted for the Francophone African region had 54 registrations and was facilitated by Virgil Lokossou, Eckhard Kleinau, Arsène Kpangon and Juliana Gnamon.

# Leveraging Social Media to Engage with EV4GH Applicants

by the EV Communications Team: Eryn Macarayan, Shakira Choonara, Sara Ardila, Elena Vargas, Radhika Arora, Pragati Hebbar, Kristof Decoster

On Feb 10, 2018, the Emerging Voices Communications Team initiated the 2nd biennial #EV2018 twitter chat to promote and discuss the Emerging Voices for Global Health Program (EV4GH). The chat engaged with 22 active users from different countries, over 200 posts, and reached out to 30,228 twitter users, creating 348,577 impressions. For those unfamiliar with twitter jargon, reach is the sum of all users mentioning #EV2018 and the sum of their followers, while impression is the total number of times tweets about #EV2018 were delivered to Twitter streams. The chat described what a strong EV applicant would be, provided application tips, and discussed memorable experiences of past EV4GH during and after the program. Chat participants also told stories about the impact of EV4GH on their lives and provided tips for future EV4GH applications. We hope that EVs will continue to promote and use #EV2018 in the following months ahead of the 5th Global Symposium on Health Systems Research.

As organizers of the chat we have three key takeaways:

1. Increasing language diversity was relevant to reach a wider audience. Our chat organizers were privileged to have panelists posting in different languages and this can be strengthened even more by ensuring previous EV alumni can tweet about the EV4GH program in their local languages. During the chat, a couple of questions about eligibility and the process of application were raised by aspiring EV4GH. Involving more EV Alumni in future #EV2018 chats will enhance the responsiveness of the chat.
2. Leveraging the #EV4GH chat to strengthen multi-country voices in global health. There are still many countries where EV4GH does not have much presence or do not have any representatives so far. We hope to disseminate information about the program in more countries and any suggestions on how this can be done will be appreciated by the EV Communications team. Currently, the chat has been limited to twitter, but it enabled us to reach many users. In future, the EV communications team also hopes to reach areas which need capacity building in health systems research, but where twitter may not necessarily be the preferred social media platform.
3. Expanding the topics for #EV2018 chat. Discussions on the experiences of past EV alumni and how the program has been relevant for them over the years encourages others to be part of the program, but the topics discussed can be expanded more to debate on issues that matter most to EVs and wherein EV voices can be made stronger by leveraging social media to create reforms. Please feel free to suggest topics for future EV chats to us by emailing [ev4gh@iphindia.org](mailto:ev4gh@iphindia.org).

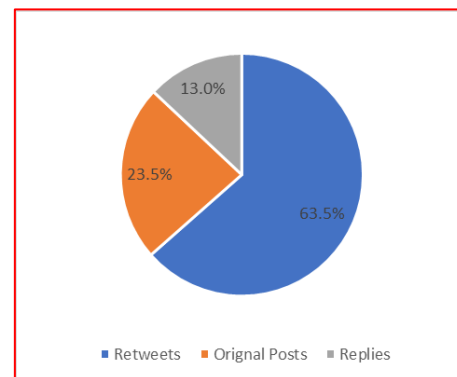


Figure 1: Share of posts

**Elena Vargas**  
@drelenavargas

Following

A5. Thanks to @ev4gh I am connected to amazing future and present change makers around the globe. I have really good friends. We exchange information and support each other's professional endeavors #EV2018

3:37 PM - 10 Feb 2018

**Vikash R Keshri**  
@docVRK

Following

Replying to @ChoonaraShakira

I need #EV2018 more, because I am flag bearer of #hpsr #healthsystems in an area where it's most needed and where very few understand this. I am on a mission to help state improve lives of 110 millions.

10:08 AM - 12 Feb 2018

**esel**  
@ardillasara

Follow

A5. I have much more confidence to present and debate my ideas in public. I have a network all around the world (for research, for activism, for learning) #EV2018

3:37 PM - 10 Feb 2018

**GbadegesinAlawodeMPH**  
@renascentafrica

Follow

As an aspiring HPSR from Nigeria, with MPH in Health Policy and Management and having submitted an abstract and application for 5th Global Symposium on HSR and 2018 @ev4gh respectively, I look forward to be part of the next cohort. #ev2018

3:51 PM - 10 Feb 2018

# Emerging Voice Residencies

In 2017, the Emerging Voices program issued a call for *The Emerging Voices for global health residency programme for researchers* for current and alumni EV. Below you find the experiences of some of the more recent 'EVs in residence'.

## EV in Residence – Manoj Kumar Pati (India)

It is always a happy feeling when opportunity knocks on your door when you need it the most – the EV/IHP internship journey has been just that! I was *just* six months into my new job when I felt ready for some downtime to reflect on my academic interests, particularly towards finishing-off two research papers and exploring my PhD interests. And so, I felt like the IHP/EV internship would give me the space to do that and enable me to develop broader view on the global health discourse and agenda setting.

Of course, nothing in life comes easy. My journey to Antwerp started with me trying to convince my bosses to let me get here! Anyway, finally made it to Antwerp on a cold rainy January day (why is this even a thing? It's *Belgium!* It *always* rains in BE). I hit the ground running with an almost immediate departure to Geneva to participate in the 142<sup>nd</sup> Executive Body meeting of the World Health Organisation, and some of the preparatory civil society meetings organised by the Geneva Global Health Hub. And what an amazing experience it was ( see my [blog](#)). I met with Dr. Soumya Swaminathan, deputy DG at WHO, and engaged with her on EV and my research work. Of course, I also capitalized on being on continental Europe to hop across to Venice (short break!) and Berlin.



**Manoj by the River Schelde, Antwerp 2018**

In Berlin I attended a conference on *WHO at the Crossroads*, which highlighted the somewhat cloudy weather now around WHO and its leadership, where I was exposed to aspects of global health governance, policy setting, and conflict of interest issues on the global stage. NCDs are my main research area; it was great to see "NCD talk" take centre stage in almost all the conferences and meetings I attended during my IHP internship.

As for my more academic endeavours, I was able to finalise one research paper on the status of NCD care in India, reaching submission stage, and I also worked diligently on my PhD proposal, turning it pretty much from scratch to a near final version now. Besides providing me with time and resources to work, this EV/IHP residency proved an excellent platform for me to meet and learn from many public health professionals, experts, researchers, and academicians – in Antwerp and other cities. I also met fellow EVs, and students from other courses ongoing at ITM – there was something to learn from every one of them.

And lastly, a few words on the weather, without which a chat about Belgium would be incomplete. It snowed plenty this year. And while I was happy to have experienced a European winter – cold and snowy, but also calm and peaceful, I'm all set for the Indian heat, colours and vibes now!

## EV in Residence – Shinjini Mondal

I arrived at ITM in the new year to start my three-month residency to work on my PhD protocol and literature review with my co-supervisor. After braving two Canadian winters (not even worth clarifying it was cold), landing in a European city in January was no big deal! This was my first visit to Belgium and ITM, but it didn't feel so. I was immediately surrounded by familiar faces, and a warm welcome, or maybe I should spell it as "*welkom*".

My time at ITM began with work on my PhD protocol, keeping in mind a timeline which would enable me to submit and defend my work over the summer. My time in Antwerp gave me the opportunity to work closely with my co-supervisor, gain more clarity and in-depth knowledge on complexity and governance theories, and their application. Interactions with other young researchers, faculty members at the Health Policy Unit, through a unit retreat, unit meetings and young Researcher Informal Platform Exchange (RIPE) sessions have helped me to learn about common interests in the field of governance, complexities and their application in health systems. I successfully submitted my proposal in early March for a defence in late June. I am currently working on extraction of my data for literature review.

During my stay here, I also had the opportunity to observe the 142<sup>nd</sup> Executive Board meeting of the World Health Organisation and participate in the civil society pre-meeting by the Geneva Global Health Hub (G2H2). This was my first time, I found the EB meeting reminiscent of orchestrated theatrics. The more interesting and insightful discussions were in the hallways, but you must be proficient at the art of hallway chit-chat, and a regular to catch these conversations (you need to have special skills to interpret them). The G2H2 meeting was with a group of young and seasoned advocates, fellows, interns, academicians and representatives from the WHO, this led to a more dynamic discussion on key issues around WHO priorities, funding and conflict of interests. During the weekends, I visited other Belgian and European cities, which provided me the breather in between my academic schedule.

Of course. Being in Belgium also means chocolates and waffles. A study on the correlation between chocolate consumption, and PhD protocol submission timelines would not be amiss. And while I am stocking up for PhD writing, my inner NCD radar was pacified by the encouraging data my fitness tracker threw at me - nailed it with 10,000 steps and two days a week yoga at ITM!

Now, as I pack my bags to head back to Canada, I take back with me a "mantra" for the rest of my PhD journey – a PhD is not a sprint, or a marathon, but it's like riding a wave (or a roller-coaster) filled with both crests and troughs (this is a tried and tested advice). This perhaps applies to life in general.

# Featured Research

## Determining Staffing Need of Public Sector Health Service Providers in Bangladesh

Taufique Joarder, MBBS, MPH, DrPH | Research Director, FHI 360, Bangladesh Country Office | EV 2010

I am an Emerging Voice alumnus from Bangladesh, from the first cohort (EV2010). Recently I joined the FHI360 as their Research Director in Bangladesh Office where I serve as the research lead for USAID's Multisectoral Nutrition Project – an implementation research project, involving two separate randomized controlled trials. I am also the Regional Champion (South East Asia) for the Thematic Working Group on Teaching and Learning Health Policy and Systems Research, Health Systems Global. With reference to the latter, I was recently invited to Johannesburg to provide consultative support to the Collaboration for Health Policy and Systems Analysis in Africa (CHEPSAA). They requested for my inputs on developing a course on health systems leadership and strategic management.



This piece however is on another interesting research project, titled 'Assessment of Staffing Need through Workload Analysis in Two Selected Districts (Jhenaidah and Moulvibazar) in Bangladesh', funded by World Health Organization (WHO) Bangladesh Country Office. In the research, we applied a workload analysis method developed by the WHO, known as the Workload Indicators of Staffing Need (WISN) method.

Improving the performance and productivity of health workers is vital to improving healthcare service delivery and achieving Universal Health Coverage. For this, workload management is important for any health system towards the delivery of quality services. Our study aimed to assess the current workload and staffing need for delivering optimum health care services at the public-sector district health system in Bangladesh.

We followed the steps of WISN methodology, with contextual adjustments for Bangladesh. Combining qualitative (e.g., document reviews, key informant interviews, in-depth interviews, observations) and quantitative methods (time-motion survey), we conducted the study in 24 health facilities from District Hospitals up to Community Clinics in Jhenaidah and Moulvibazar Districts in Bangladesh. The study covered cadres of Physicians (General Practitioners and Specialists), Nurses, Sub-Assistant Community Medical Officers, Family Welfare Visitors, Community Health Care Providers, and Family Welfare Assistants. Workload components were defined based on inputs from experts (n=5), refined further by actual service providers (n=87). Using WHO WISN software, standard workload, category allowance factor, individual allowance factor, the total required number of staff, WISN Difference (current–required number by WISN), and WISN Ratio (current/required number by WISN) were calculated.

We found, seven out of the 20 staff categories faced 'Very High' workload pressure (WISN Ratio 0.30-0.49), followed by five staff categories with 'Extremely High' (0.10-0.29) – indicating an overall high workload among the service providers studied. The highest workload was observed among Consultants of Medicine (WISN Ratio 0.16), followed by other Specialists. Nurses were found to be predominantly occupied with support activities (60% in case of District Nurses and 50% in Sub-District), instead of actual nursing care. We also found through our time-motion survey that staff are not giving sufficient time to their patients.

The WISN method of estimating workload and staff requirements can aid the policymakers in optimizing utilization of existing human resources. Thus, WISN should be incorporated as a planning tool for health systems managers.