**Scope of Work**

**Study Title:** Strengthening policy interventions at primary health care level to achieve universal oral health coverage in Karnataka, India.

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**MENTOR-MENTEE PROGRAM FOR YOUNG RESEARCHERS**

IHSC in collaboration with NITI Aayog & ACCESS Health International

**Rationale**

Oral diseases are chronic, non-communicable diseases, affecting a large population with a significant effect on overall health and carrying a large socio-economic burden (1). Yet, oral health is a neglected public health issue and the political priority accorded to oral health is very low in India (2) and globally (3). The policy window to highlight oral health’s status of neglect in the broader health and social arena is minimal. The opportunities to advocate for Universal Oral Health Coverage (UOHC) within the political context of power for policymakers are rare. Yet, recent global developments give hope for championing oral health causes. A resolution on oral health was adopted at the 74th World Health Assembly (WHA), which urged member states to address oral health issues within the national policy frameworks guided by the principles of Universal Health Coverage (UHC) (1). The International Dental Federation (FDI) has released a Vision 2030 document proposing three-pillared strategies to achieve optimum oral health within the context of Sustainable Development Goals (SDG) and Universal Health Coverage (4). As a follow up to the WHA’s resolution, World Health Organisation (WHO) will soon be releasing an action plan to realize the pipe dream of making high-quality oral health care services affordable, available and accessible by all (5). All of the above developments have a joint call for strengthening governance, particularly policy intervention mechanisms such as tailor-made oral health policies and subsequently designing appropriate oral health programs to achieve UOHC.

Karnataka state in South India has a relatively better health system, yet oral health in the state has received little attention. Effective leadership and strong governance in health reflect the state’s commitment to achieving health equity. Lack of such strong commitment is a prime concern for achieving oral health equity. Reiterating WHOs oral health resolution to frame oral health policies and plan programs for the management of oral health care and aligning with the political agenda of vision 2030, there is a need for developing policies where oral health is integrated into other health

programs, thus responding to the needs and demands of good oral health by the people. Very few attempts have been made to analyse the mainstreaming initiatives at policies and programmatic level for inclusion of oral health in the national and state health policies in India. A few reports have briefly elucidated on the subject (6), but a comprehensive analysis is not yet reported. Recognising this gap, this study aims to develop policy recommendations that result in preparing a road map to achieve UOHC in Primary Health Care (PHC) settings in India with a particular focus on the Karnataka state. While Karnataka state has made significant gains in achieving SDGs (7), there is little mention of oral health in the recent report on SDG progress in Karnataka (8). In this study, I draw attention to oral health within the policy sphere in the Karnataka state.

**Research Objectives**

1. To explore the perceptions of PHC providers (dental and non-dental) on providing oral health care services at the primary care level.

2. To assess the provenance and existing content on oral health in the relevant central and state policy documents.

3. To analyse the strengths, weaknesses, opportunities and threats of the existing service provision affecting the integration of oral health services in UHC packages.

**4.** To develop a road map for Universal Oral Health Coverage for the state of Karnataka.

**Study Design and Methodology**

This study will be guided by a conceptual framework (9) that seeks to develop recommendations to improve the oral health care delivery system to achieve UOHC. This research shall closely coordinate with both state and nonstate actors to formulate a sustainable oral health policy. The study is designed to occur across five phases, summarised in Figure 1.

Phase 1 will be a qualitative assessment which will be carried out using snowball sampling from the pool of dentists working with Karnataka state and private dental practitioners. This will help us understand ‘what is needed’ from a dental clinician providers’ perspective through consultation. Phase 1 will be supplemented by Phase 2 through a scoping review of government reports and policy documents (state and union government) available post-independence concerning oral health using standard literature search approaches. Phase 3 will endeavour to coalesce and synthesise the findings of Phases 1 and 2 to draft policy recommendations. In, Phase 4, health policy experts in UHC and PHC area will be consulted through a modified Delphi approach for comments on the draft and preparation of the final road map document.

**Expected Outcomes**

This exercise will produce policy briefs to inform and support the policymakers to make an evidence based decision in implementing effective oral health programs to achieve UOHC. The results will be disseminated locally through online workshops and with experts in the written final report. Peer reviewed publications will be produced for broader dissemination and discussion.

**Figure 1: Proposed activity and timeline**

•Consulting state actors (dentists working at PHCs, HWC, Taluk and District

Hospitals, health workers, State Dental Officers at the health ministry) and non

Phase1 Phase 2 Phase 3 Phase 4 Phase 5

state actors (private dentists)

•15-20 days

•Searching existing policy documents from the government resources both online and grey literature from librariries of health research centres in Karnataka, content (SWOT) analysis and report writing.

•20- 40 days

•Drafting policy recommendations based on consulations (phase 1) and SWOT analysis (Phase 2)

•40-60 days

•Consultations with health policy experts from Karnataka, seeking comments on the draft.

•60-75 days

•Finalising the draft, Writing the final report and producing a policy brief •75- 90 days

**References:**

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**Proposed Mentor:**

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**Research Topic:** Leadership and Governance

**Compensation**

The Consultancy fee for this engagement is USD 5,000(Inclusive of all indirect taxes). The payment will be disbursed in three instalments, in the proportions given below and the consultant should provide the invoice against each deliverable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Instalment** | **Percentage** | **Amount (USD)** | **Deliverable/ Milestone** |
| 1 | 25 | 1250 | On Signing Contract |
| 2 | 25 | 1250 | On submission of literature review and methodology (including stakeholders for a qualitative interview and analysis plan) approved by the Mentor, and |
| 3 | 50 | 2500 | On submission of the final deliverable approved and accepted by the Mentor & AHI Team. |

**Term**

This engagement shall commence upon execution of this Agreement. The Agreement shall continue in full force and is effect from **September 15, 2021** to **December 15, 2021** and is extendable based on the review of Consultant’s performance by the Foundation and mutual concurrence on revised terms of engagement.