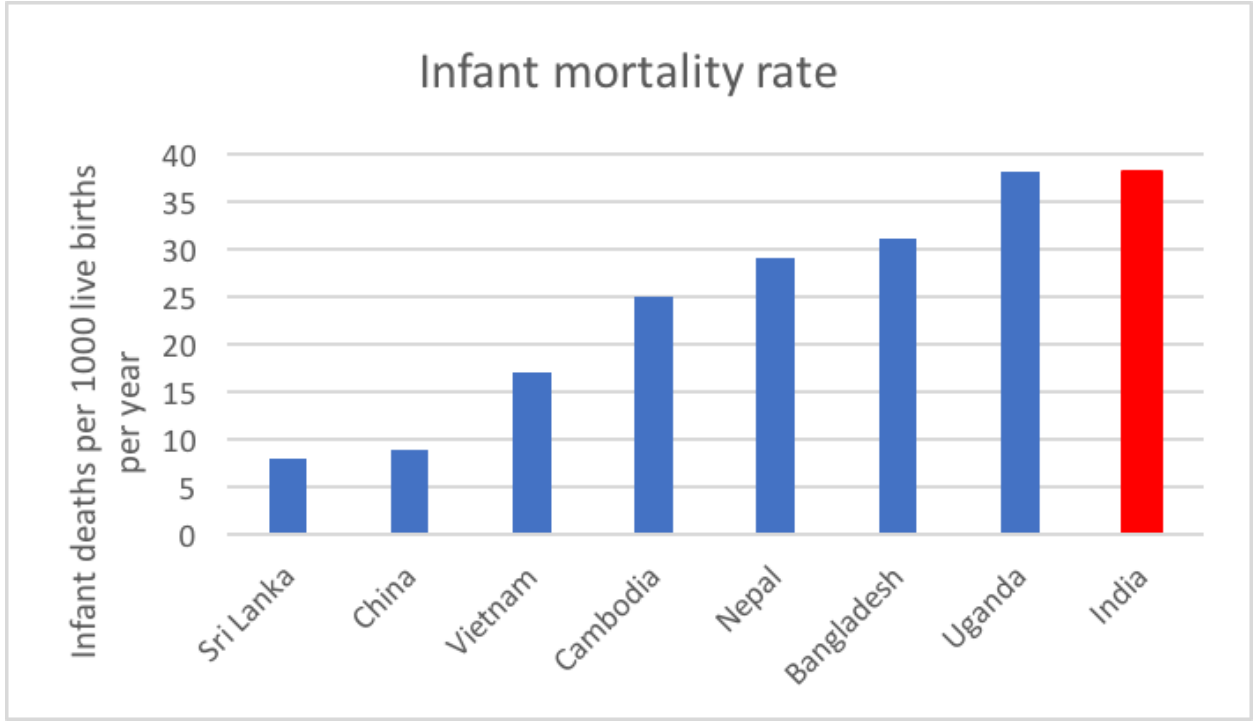


**Partnering with IPH Bengaluru for a healthy India**  
**Our CSR partnership strategy**

[www.iphindia.org](http://www.iphindia.org)

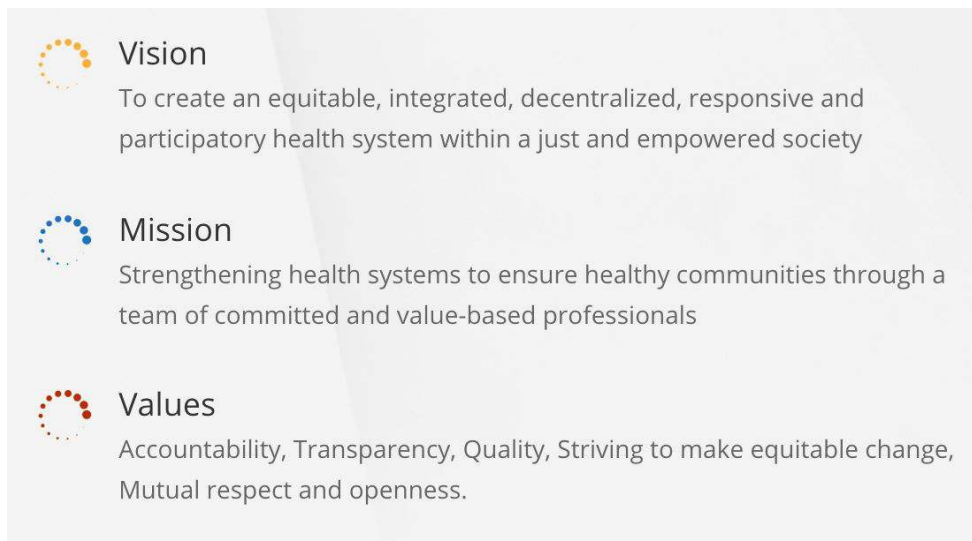



India is considered a middle-income country with one of the fastest growing and largest economies in the world. However, development in the social sector, especially the health sector and especially for some health problems/geographies, lags behind many low-income countries. The ultimate indicator of the health status of a population is its mortality rate. India's infant, child and maternal mortality rates are much higher than many of our neighbouring countries.





There are many reasons for this, but the end result is that people (especially the poor and vulnerable amounting to about 40 crore people) do not have access to basic health care services like outpatient services, inpatient services and even full immunization. And those that do access care are indebted and impoverished because of the high medical expenses. Studies show that nearly 6.3 crore Indians are pushed below the poverty line every year just because of hospital expenses

The Institute of Public Health Bengaluru (IPH), a not-for-profit academic institution, has been working very closely with both the state and national governments to strengthen the health services and systems.



 **Vision**  
To create an equitable, integrated, decentralized, responsive and participatory health system within a just and empowered society

 **Mission**  
Strengthening health systems to ensure healthy communities through a team of committed and value-based professionals

 **Values**  
Accountability, Transparency, Quality, Striving to make equitable change, Mutual respect and openness.

Our **research** work in course of its 10-year long history has focused on identifying equity-oriented and health systems based research questions.

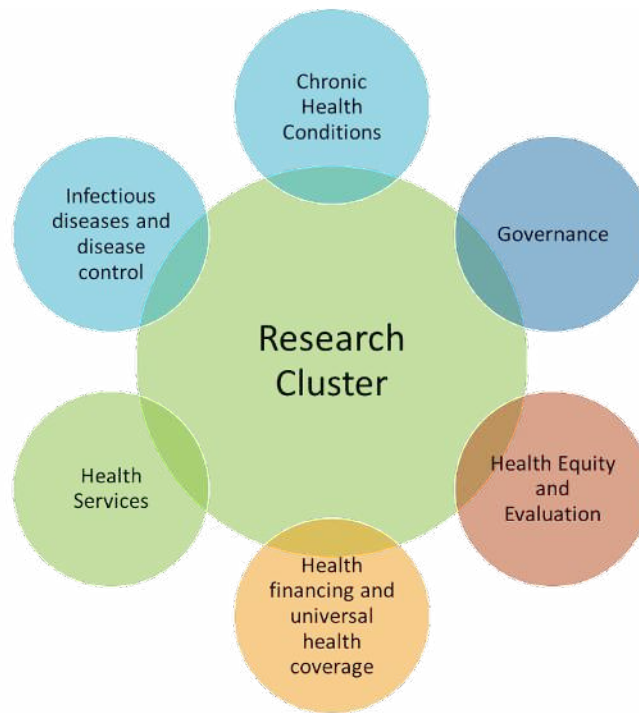
Our **education** initiatives have involved need-based capacity building programmes and courses implemented either within health services, or through e-learning and blended training approaches based on our perceived need for particular knowledge, skills and attitudes among health workers, health managers, policy makers/decision-makers and other health system actors. Our education programmes span high-quality and pedagogically sound courses at the state, national and international levels.

Our work on **strengthening health policy** and practice has consistently drawn upon evidence from research on health systems.



Our work involves **research and action** across six clusters. Each research and action cluster at IPH is led by a senior researcher who is actively engaged in furthering current knowledge on this topic and

leads policy engagement for improving action on this topic. IPH is recognized by the Department of Science and Technology as a Scientific research organization.



IPH's work in **Education** focuses on building skill-based short courses, PhD programmes and leadership programmes for young researchers to engage with policy (the Emerging Voices for Global Health programme). IPH is a member of the Trans-disciplinary University research partnership eco-system and is working in close association with them to create high quality courses in public health.



e-learning course in Scientific Writing and Reference Management



e-Learning Course in Public Health Management



e-Learning Course in Health Financing



Emerging Voices for Global Health



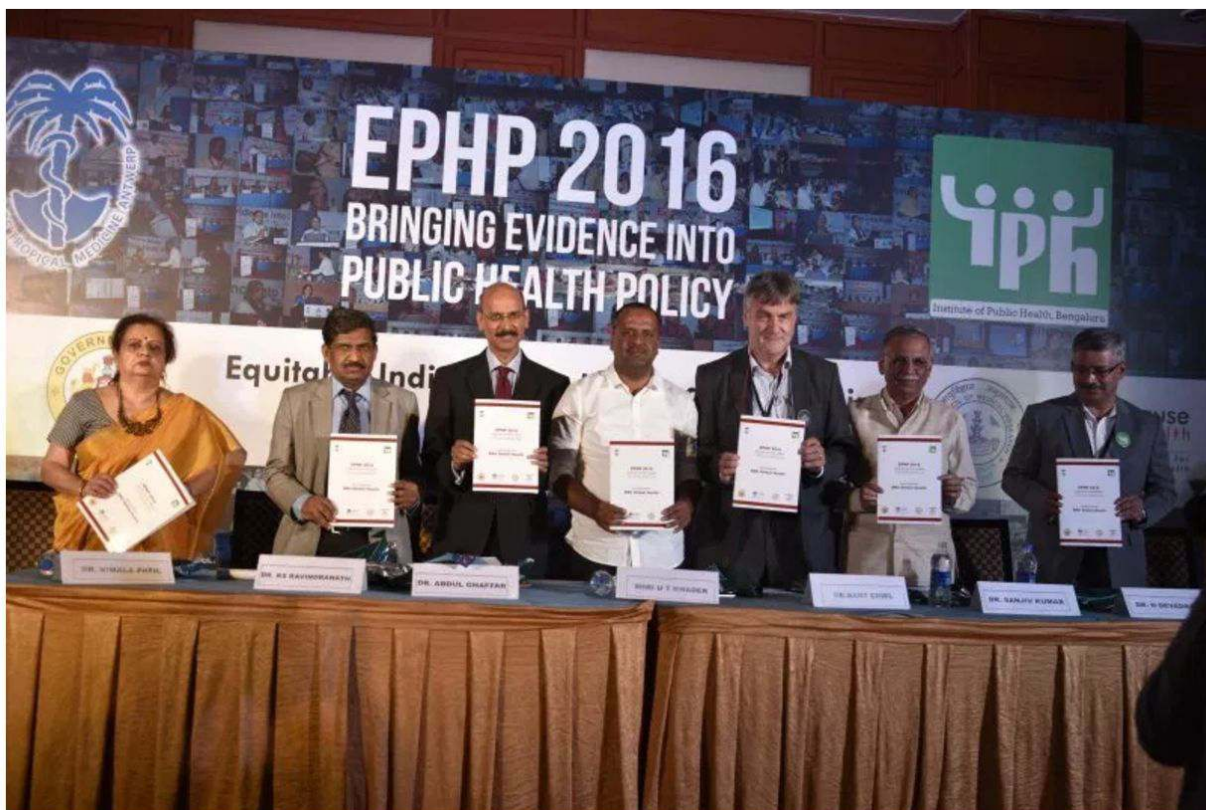
PhD Programme in Public Health



Internship



Every two years, IPH conducts the National Conference on Bringing Evidence into Public Health Policy (EPHP). The EPHP series of conferences provide a unique national platform for public health researchers, policymakers, and practitioners to meet, share their experiences and learn from each other. For over half a decade now, the EPHP conferences have contributed to constructive public discourse on health in India. So far, there have been three conferences in the series focusing on specific themes (2010: Five Years of **National Rural Health Mission**; 2012: Strengthening Health Systems to Achieve **Universal Health Coverage**; 2016: **Equitable India** – All for Health and Wellbeing) organized jointly by the Institute of Public Health (Bengaluru) and the Institute of Tropical Medicine (Antwerp) in partnership with Government of India and Government of Karnataka. The last one in 2016 showcased the theme of health equity and saw active engagement of the WHO Alliance for Health Policy and Systems Research, Geneva and several other partners.



More details of our work and our achievements are available on our website ([www.iphindia.org](http://www.iphindia.org)).

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## Entry points for CSR partnership at IPH

IPH invites support from willing CSR partners committed to improving health and well-being in India to join us in our vision to create an equitable, integrated, decentralized, responsive and participatory health system.

*Possible areas of CSR partnership with IPH*

### 1. **Getting research into policy and practice:** Support dialogue and discussion between researchers, policymakers and implementers in health EPHP

The EPHP conferences are a unique platform for getting research into policy and practice, drawing a large audience of policymakers and researchers across Indian states.

Join IPH in continuing this tradition of dialogue and discussion between researchers and policy makers in transforming health policy and practice in India.

### 2. **Health in all policies lab:** Practicing inter-sectoral action on health

IPH's Chronic conditions cluster has been a pioneer in promoting the health in all policies approach, that looks at health as a societal process much beyond delivery of healthcare and involving all sectors across environment and conservation, transport, urban planning etc. The health in all policies approach is very new in India and there is a need to establish a *laboratory* which can advance the practice of this approach. IPH's proposed HIA lab shall work with diverse stakeholders across sectors to improve urban health and well-being through inter-sectoral action. Urban waterbodies and air pollution effects are some of the entry points for the proposed *HIA lab*.

Support IPH in setting up an HIA lab for inter-sectoral action on health.

### 3. **Policy thinktank**

IPH is equipped with the tools and skills needed to translate public health research evidence into policy and practice. Through its work on the EPHP conferences, IPH is also able to steer systematic and critical reflections on policies and their implementation.

Support IPH in strengthening its policy thinktank for effective policy inputs at the state and national level on equity-oriented health policy and practice

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#### 4. Improving access to care for patients with diabetes and hypertension

Currently more than 10 – 20% of adult populations in both rural and urban areas suffer from either diabetes or hypertension. Our studies indicate that many of the poor patients do not seek care regularly because they cannot afford it. So they are vulnerable to complications like early strokes, kidney failure and gangrene of their limbs. To prevent this, we piloted a project in a rural district in Karnataka with the government whereby the government primary health centres (PHC) improved their services and provided comprehensive care for these patients. This pilot was a great success as more than 1000 people are seeking care regularly, their blood pressures and blood sugars are under control and more important, they do not have to spend any money as these PHCs provide the medicines and testing free of cost.

We would now like to expand this from a few PHCs to the entire district, so that lakhs of patients can benefit from this intervention. For scaling up to the rest of the district, IPH is partnering with the state government. The government has agreed to provide the medicines, the diagnostics and stationary. However, there is a need to monitor this intervention and provide the necessary technical support. For this, IPH requires manpower who will work alongside the government and help them implement this comprehensive care. At the end of three years, this project would have benefited at least 1.5 lakh poor patients in Tumkur district of Karnataka. More important, the lessons learnt from this scale up will help the government implement this programme across the entire state with its own funds.

Support IPH in strengthening care for non-communicable diseases in Karnataka especially for the poor and elderly

#### 5. Preventing infant deaths in a rural district in Karnataka

Karnataka is considered as one of the better off states in India. Among the southern states, however, its performance is one of the lowest, especially in terms of maternal and child health status. While the state has adequate resources, our research shows that many times preventable deaths happen because of inefficient use of existing resources. We plan to use the lessons learnt from our studies to work with district health officials so that they are able to strengthen maternal and child health services in the district and thereby reduce the infant deaths. The interventions would include rationalizing the available services, improving the competency of nurses and doctors to manage deliveries and infant ailments, strengthen the supply chain management so that essential medicines are available at the PHCs and finally helping the district health officials monitor the status of infant health very closely. This will save the lives of 300 babies in a district over a period of three years.

Support IPH in strengthening government services to prevent infant deaths in rural Karnataka

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## 6. Strengthening healthcare models for mental health

Mental health care is a big challenge in much of rural areas in India. Psychiatrists and mental health specialists are concentrated in cities. IPH has studied and improved current models for training and delivering mental health care in community health and primary health care settings in rural areas. IPH is working in some of Karnataka's poorest regions to improve and strengthen delivery of mental health care. IPH is committed to providing quality services for mental health including tobacco cessation and alcohol de-addiction services in primary care.

Support IPH in setting up high quality and cost-effective primary health care level mental health care in Karnataka

## 7. Centre of excellence in health policy and programme evaluation

Critical and scientific approach to evaluation of public health policies and programmes is an important gap in India. Unlike many other high income as well as middle income countries, policies and programmes are rarely evaluated scientifically and systematically to study their effects, understand if they are equitable and inform policymakers on their cost-effectiveness. IPH is committed to setting up a centre of excellence in evaluation of public health programmes and policies. Currently, IPH has the expertise for design and implementation of such evaluations.

Support IPH in setting up a centre of excellence for health policy and programme evaluation and contribute to creating an evidence-based policy and practice in public health in India

## 9. Research and action Chair at IPH

Currently, IPH has identified six thematic areas that involve important areas of strengthening in public health research and action. IPH provides a supportive institutional environment for various other areas of research and action in public health. IPH also works closely with various other Universities and research institutions in India and abroad on inter-disciplinary areas for furthering our understanding of improving public health. We invite partnerships to create new thematic areas of research and action at IPH or sustain/expand work on existing areas with CSR support.



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Support IPH in creating new areas of research and action in public health through inviting established researchers to begin new areas of research in public health. Alternately, existing work on six areas could be strengthened through inviting Chairs to these clusters (chronic health conditions and non-communicable diseases, Governance, Health equity and evaluation, health financing and universal health coverage, health services and infectious diseases and disease control).

**10. PhD fellowships in public health especially for women and socially/economically disadvantaged groups**

IPH offers a PhD programme in public health in partnership with Trans-disciplinary University, Karnataka and with Institute of Tropical Medicine, Antwerp, Belgium. As of now, three PhD alumni of IPH have passed out and have become independent researchers in public health and two more PhD's are expected to complete soon.

Support deserving PhD fellowships at IPH for women and candidates from socially/economically disadvantaged groups

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# Policy impacts

## Tobacco control & road safety

IPH's work in advancing tobacco control and road safety has focused on effective use of judiciary, media, dialogue with stakeholders and research to improve tobacco control and road safety legislation, support effective implementation of existing legislation, highlight role of the state in these regulations and mitigate the ill-effects of tobacco on public health.

- IPH has effectively used the right to information as well as Public Interest Litigation in the past. As a result of a litigation filed by IPH in 2010 Government withdrew participation and financial sponsorship from a tobacco industry event.
- Member of the Framework Convention Alliance a global tobacco control network
- Civil society member of the State-Anti tobacco cell, Karnataka
- IPH is involved in strengthening the implementation of our national tobacco control law Cigarettes and Other Tobacco Products Act (COTPA) 2003 and has worked with district administration of 23 districts to help them achieve high level of compliance to COTPA
- Research by IPH documents at least 100 instances of conflict of interest within the government interfering with tobacco control measures. A public interest litigation won by IPH directed the state government to adopt a conflict of interest policy.
- IPH provided the scientific and public health evidence supporting the Karnataka state Good Samaritan Act.

## Strategic purchasing

Indian health system depends on out-of-pocket payments for health. Research has shown that this manner of financing healthcare impoverishes millions and pushes people into poverty. Increasingly state and national governments have begun to *purchase* healthcare from the private sector. However, due to poor regulatory frameworks, such state-operated health financing schemes often are either inefficient or provide inadequate coverage to the poor. IPH works closely with several state and national governments in strengthening their strategic purchasing function in order to ensure equitable coverage and regulate private sector in health.

- Member of the National Health Assurance Mission
- Involved in the early conceptualisation of one of India's first insurance schemes for the poor, the Rashtriya Swasthya Bima Yojana and published several research studies evaluating this scheme and its coverage
- Oversight over private sector strategic purchasing in Karnataka's health financing schemes (SAST)
- Invited as a member of the World Bank-WHO committee on monitoring Universal health coverage (Plos medicine series)

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## **Establishing health and wellness centres**

IPH has been instrumental in the recent health reforms focusing on establishing health and wellness centres across the country at village level through linkages with ASHAs, community health workers and primary health centres.

## **Strengthening government policy thinktanks**

IPH works closely with the national and state health systems resource centres in strengthening their role as policy thinktanks within state and national governments.

## **Policy inputs**

IPH has participated in drafting and commenting on landmark policies and legislations related to health.

- Inputs into drafting and conceptualising the 2016 draft of the Karnataka state health policy
- Inputs into legislations related to reform of Medical Council of India, ethics in health research and health research policies
- Inputs into the proposed Motor Vehicle Amendment Bill 2016
- ICMR and health research policies
- Membership in committees related to Tuberculosis control at national government and international level, especially on engaging with the private sector in TB

## **Models of care in government health services**

IPH's work in Tumkur district of Karnataka has resulted in models of local health system strengthening. These models have been extensively and scientifically evaluated and published in international peer-reviewed literature.

- Tumkur model of private sector engagement in TB has received national and international recognition
- IPH led the Swasthya Karnataka consortium that designed and delivered a unique district health management capacity building programme for decentralised health systems strengthening at the district level
- Dispelling misconceptions on medicine quality of generic medicines

## **Advancing research and action on infectious diseases**

IPH works on research and action on several infectious diseases

- IPH is a member of the SPEAK consortium, an international research group focusing on elimination of Leishmaniasis
- Member of consortium of research organisations focusing on Dengue control strategies



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