Institute of Public Health

Bengaluru

Annual Report

2012 - 2013

IPH Profile

Traditionally public health in India is considered to be synonymous with preventive and promotive care. Water, hygiene, immunisation and disease control programmes are seen as the "bread and butter" of a public health specialist. However, public health is basically the health of the public, which means that a public health specialist needs to have skills in clinical and rehabilitative medicine also. A public health specialist also needs to understand the organisation and financing of health services, should have skills in communicating both with the community and the policy makers and finally should also be able to manage specific programmes. In summary, a public health specialist needs to have a systems view of the entire sector.

It was against this backdrop that **The Institute of Public Health** was registered in 2005 as a non-profit society with a vision of creating an equitable, integrated, decentralized and participatory health system within a just and empowered society.

IPH is mainly involved in health systems research, training of government health officers and advocacy to influence policy. We are committed to strengthening service delivery in the government health services with the aim of improving health care for the community, especially the poor.

The Year 2012

As usual, 2012 - 13 was an eventful year. Various research activities were undertaken, including some new ones. Our much awaited e-learning programme was finally launched and our bi-annual conference (EPHP) was a grand success, if success is measured by the number of researchers and policy makers that attended the conference. A very interesting development was the tobacco control programme that has made great inroads in influencing the policy as well as in the implementation of the policy.

This year also saw us develop various policies that were ratified by the entire staff through a consultative process. This helped us rationalise our administrative processes and hopefully will make life easier for all concerned. Of course, the challenge is to ensure that these policies do not petrify and become cast in stone. While there has been much discussion on Universal Health Coverage (UHC) in India, there has not been much progress on this front. So IPH brought out a "how to" policy brief, to inform and stimulate policy makers. This was well received and has been disseminated widely to many, both during the EPHP as well as after. The WHO has approached IPH to work with them on developing a measurement and monitoring tool for UHC.

Action research (AR) is bandied around very commonly in IPH. However, over the last year, we realised that AR is not as easy as it appears. We discovered that important stakeholders are not very interested in solving the problem, as it has implications on their workload or their income. So we need to relook at AR in its traditional format and develop a different framework that is suited to the Indian (or Karnataka) context.

Technical assistance to the government continues at various levels. At the field level, our team has provided training to the accountants managing NRHM funds. At the state level, we continuously provide inputs into the Vajpayee Aarogyasri Suraksha (Karnataka's health insurance scheme).

I use this opportunity to thank all concerned, especially Bart and Werner from the ITM Antwerp, for their help, understanding and support. Our board members have been always behind us and a special thanks to Sunil Nandraj for his continued moral support. We look forward to the coming year with hope and courage.

N. Devadasan

Director.

Abbreviations

BPL	Below Poverty Line
BBMP	Bruhat Bengaluru Mahanagara Palike
BMC	BioMedCentral
BPMs	Block and District Programme Managers
CHC	Community Health Centre
COTPA	Cigarette and Other Tobacco Products Act 2003
CPAA	Cancer Patients Aid Association
DOTS	Directly Observed Treatment Short Course
EmOC	Emergency Obstetric Care
GATS	Global Adult Tobacco Survey
Health Inc	Financing Health Care for Inclusion Research Project
HESVIC	Health System Stewardship and Regulation in Vietnam, India and China
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resource
ICBS	Internal Capacity Building Sessions
ICT	Information Communications and Technology
IPH	Institute of Public Health
ITM	Institute of Tropical Medicine
KG Halli	Kadugondanahalli
MPH	Master's in Public Health
MTP	Medical Termination of Pregnancy
NGO	Non-Governmental Organisations
NHSRC	National Health Systems Resource Centre
NRHM	National Rural Health Mission
PHC	Primary Health Care
PIL	Public Interest Litigation
PPM	Public Private Mix
RNTCP	Revised National TB Control Programme
RSBY	Rashtriya Swasthya Bima Yojana
SHSRC	State Health Systems Resource Centre
SRTT	Sir Ratan Tata Trust
SWHIPS	Switching International Health Policies & Systems
TB	Tuberculosis
UH	Urban Health
UHC	Urban Health Centre
VOTV	Voice of Tobacco Victims
WHO	World Health Organization

Contents

Training

The only kind of learning which significantly influences behaviour is self-discovered or self-appropriated learning - truth that has been assimilated in experience – Carl Rogers

Training at IPH has always been of utmost importance and IPH always strives year after year to improve its training and capacity building activities.

However this year, the external training was on a low key, owing to various reasons. Training for the District Health Managers was conducted at Tumkur as usual. The highlight of this year's training program was the orientation of police officers. We were invited by the government of Karnataka to orient their senior police officers on the provisions of Control of Tobacco Products Act (COTPA).

Training of Police Officers in COTPA

The training sessions saw an active participation by police officials leading to interactive Q and A sessions and gave an insight into the ground level implementation problems faced by the law enforcers. Problems of cross border smuggling of Ghutka, doubts in challenging offenders, account head for deposition of fines, printing and auditing of challans etc. surfaced in these sessions and were addressed.

COTPA is a national legislation aimed at prohibiting tobacco use and promotion in public places. Thanks to our advocacy, the government was keen on implementing the COTPA in Karnataka. However, they soon realised that none of their officers had been oriented to this new law. So they requested IPH to conduct classes for their senior officers at the divisional level. Rising to the challenge, Dr. Upendra and Dr Vishal of IPH in coordination with the Voice of the Victims (VOTV) held various sessions and oriented more than 600 officers at Mysore, Gulbarga, Mangalore and Bangalore divisions.

The officers were moved by the stories of the cancer survivors and they promised to take up tobacco control as a serious issue and implement COTPA strictly. . IPH developed a small booklet on COTPA including relevant government orders for the trainees. Subsequent monitoring showed that the officers were actually implementing their new knowledge and booking people who violated the provisions of the COTPA. For the next year similar trainings have been planned at the sub district level in the home department and also covering officials of education department.

Refresher Training Program at Tumkur

Following the external evaluation, IPH planned to revise the modules and conduct the refresher training for the district and taluk health officers. However, frequent strikes by the health officers and turnover at the District Health Officer level meant that this training was delayed till January 2013. We started with the module on Monitoring using HMIS and this time, limited the training only to the Taluk Health Officers, the Programme Officers and the Block Programme Managers. Indicator based monitoring was very new to most of the officers and they promised to institute this form of monitoring in their taluks. Subsequent follow up revealed that a couple of taluks have effectively used this.

We learnt these [indicators] in PSM classes, after that we never bothered about them. Only now I understand how important they are.

– A programme officer

We also completed the training for the BPMs. While attendance was satisfactory, many were hesitant to take up extra work, they were satisfied to continue their role as data entry operators.

Internships at IPH

Internships at IPH have become quite popular over the years owing to our structured internship programme. Students are subjected to practical learning by way of observation, exposure visits, experience sharing and lectures from experts in the field of public health and also from peers.

They are also allowed to attend various workshops conducted at IPH and work with the advocacy and research teams.

In 2012-13 we had three interns joining and working with us. IPH also received 13 students pursuing Honours (International Health) at Maastricht University in the month of July and August, 2012. These students were exposed to the health situation in both rural and urban India. Pavithra coordinated their visits to Gudalur where they interacted with *adivasis* and learnt about their life styles and their health seeking behaviour. They also visited important institutions like the National TB Institute, Government health facilities, an NGO working on women empowerment, and a corporate hospital. Many of them were moved by the plight of the “aam aadmi”.

STUDENT SPEAK

This whole experience has been such an eye-opener. In social, psychological and professional aspect. My compliments to the IPH-staff for putting this program together. In my opinion every part of the Indian health system was showed. - Mintsje de Boer

e-Learning

In an era of high speed internet connectivity and a knowledge economy, traditional class room teaching will soon become passé. People will want to learn while they continue with their routine work. IPH plans to occupy this niche space by developing various e-learning modules. The first of these was jointly launched by the Hon'ble Minister of Health, Government of Karnataka and Director, ITM on 5th of October, 2012. This public health management course - "ePHM" is a basic course, meant for the thousands of Block Programme Managers across the country. There are currently 14 students from Punjab, Bihar, Maharashtra and Karnataka who are diligently attending virtual class rooms and submitting online tests and assignments. This first programme has taught Diljith (our e-learning coordinator) key lessons, including the importance of voice over and the need for the human touch in the cyber world.

MPH

The Government of Karnataka (along with many other state governments) are working towards introducing a separate public health cadre for effective delivery of health services. A large number of trained professionals in public health will be required for strengthening the health cadre. We, at IPH strongly feel that institutions like us, by conducting training courses on public health, can effectively strengthen the efforts of the state governments.

The MPH program will be launched in the year 2014. Work is in progress for the development of curriculum and affiliations with reputed universities. Faculty teams have been formed and based on their area of expertise are contributing towards the content development of the course.

Prof Gryseels launches the e-learning programme

Capacity building of the IPH team

As part of its efforts to improve the capacity of its faculty, IPH regularly sponsors staff for upgrading their skills. Our staff attended various National and International Conferences on topics ranging from Health Promotion, Health Policy and Ethics, Health Systems research and WHO health forum conference. There have also been Exchange visits between ITM staff from Belgium and IPH staff.

In 2012, two of the faculty went for such training programmes. Other than this, IPH also regularly holds Internal Capacity Building Sessions (ICBS), as a part of the Internal training for staff and Ph.D seminars. Important topics covered were Universal health coverage, National urban health mission, Ethics in health systems and policy research, Gender in Health, Health insurance and Qualitative Data Analysis and coding. We have conducted a total of 20 sessions in the previous financial year.

PhD seminars

PhD seminars are held once a month to discuss the various aspects of research such as study design, research methodology which provides critical feedback to PhD students. A total of 4 such seminars which had 8 sessions, were held in the year 2012-13. Some of the topics covered under Ph. D are primary results from the study “Narratives of diabetes patients’, ‘Prevalence of Job Stress’, ‘General Health Profile and Hypertension among Professionals in the Information Technology Sector in Bengaluru’, ‘Tuberculosis in India: A case of innovation and control’, ‘Community health insurance contributes to universal health coverage in India’ and ‘Health service intervention to improve diabetes care’.

PhD programme

At present IPH has three Ph.D. Scholars.

Dr Prashanth NS completed the third year of his PhD work on studying capacity-building of health managers. He is using realist evaluation to understand how capacity-building of health managers could (or not) lead to improvements in planning and supervision. He successfully completed a mid-term assessment of his progress at University Catholique de Louvain (UCL), Brussels, where he is registered for his PhD. In the fourth year of his PhD, he will focus on analysing the data and preparing a dissertation to be submitted at the University. He is expecting to defend his PhD in 2015.

Dr Upendra Bhojani is studying the “role of local health system to improve chronic disease care in a poor urban neighbourhood” in Bangalore. As part of his thesis, he has successfully submitted another paper on the first sub-study highlighting that chronic diseases are no longer the diseases of only wealthy. Paper highlights prevalence and health-seeking for chronic conditions by urban poor. He has also conducted a second sub-study. Interviews with diabetes patients studying their lived experiences of living with and seeking care for diabetes.

Dr Vijayashree. H.Y, has started PhD from December 2012. Her study focusses on the performance of Public Private Partnership (PPP) in TB control programme. Her study focuses on understanding the context and the factors determining the performance of Public Private Mix - DOTS in India. This study is being carried out in Tumkur district. Currently she is collecting the data by interviewing various stakeholders such as PSPs, TB patients and the concerned RNTCP staff who are involved with implementing PPM strategy.

Research

The strength of the action research approach to professional development rests upon a creative and critical dialogue between members of a community. We learn from our mistakes in detailed criticisms of our positions. – Jack Whitefield

Research is still the corner stone of IPH activities. Important evidence is regularly collected, analysed and disseminated to appropriate fora.

Research on Governance and Stewardship

The European Commission funded study on governance, "Health Systems Stewardship in Vietnam, India and China" (HESVIC), finally concluded in November 2012. This unique study looked at how regulations were implemented in Karnataka. We focused on maternal health and specifically on equitable access to quality CEmOC, abortion services and grievance redressal mechanisms. Our main findings were that pregnant women were seen as a liability by the government health staff. Most of the health staff preferred to refer these women to the higher level, resulting in overcrowding at the district hospital, shifting to the costly private sector or at times unnecessary maternal deaths. Similarly, even though the Medical Termination of Pregnancy Act (MTP) has been around for more than four decades, both providers and women perceive abortion as an illegal and unwanted act. So though most PHCs are eligible to provide services, medical officers usually do not offer this to their clients. This has resulted in illegal and unsafe abortions being the norm, rather than the exception. These unqualified practitioners use medical abortion indiscriminately. Finally, we found that grievance redressal mechanisms were practically non-existent in the health department. In extreme cases, patients' relatives resorted to violence against the health staff. In all other instances, patients preferred to be mute victims rather than criticise their care giver. IPH team have disseminated these findings at state, national and international conferences and the findings have been well received by the scientific community. Other than these findings, we at IPH learnt a lot from this inter country research, wherein we had to deal with people from very different countries and cultures.

Research on health financing

This last decade has seen a spurt of health insurance programmes for the poor. However, studies invariably show that the poor are not able to fully benefit from these programmes. The RSBY is one such programme that has been financed and implemented by the government of India and currently covers more than 30 million poor families. We decided to study the extent to which these families are benefiting from the RSBY and to understand the reasons for them utilising or not utilising the scheme. This is yet another multi country study with concurrent studies happening in Ghana, Senegal and Maharashtra. London School of Economics is leading this research. Health Inc team have interviewed more than 6,000 BPL families in four districts of Karnataka. Our findings indicate that only 39% of these families were enrolled into the scheme. Some of the main reasons for not enrolling were the lack of awareness about the scheme. Awareness was less among poorer households, women headed households, adivasis and those belonging to religious or linguistic minority groups. Yet another reason for low enrolment was the enrolment process itself. Information about the enrolment was provided usually at the last minute, thereby excluding daily wage labourers. Also this information was usually shared with those who resided in the main village or who were economically better off or who had similar political affiliations. And finally among those who were enrolled, a miniscule proportion actually benefited through a cashless hospitalisation. Usually, providers asked patients to purchase medicines and pay for diagnostics, thereby defeating one of the main objectives of RSBY, i.e. cashless hospitalisation. Dr. Tanya has submitted mid-term report with all these findings to the EC. We are now entering the second phase of the study, wherein we plan to share these findings with policy makers and get their understanding and interpretations. This will feed into the final report.

Data collection for the Health Inc project

The regional team meeting cum workshop for the Health Inc Indian partners was held at Bengaluru between 17th and 19th April 2012. It was attended by IPH's Health Inc team as well as Health Inc project staff of Tata Institute of Social Sciences (TISS), Institute of Tropical Medicine Antwerp (ITM) and London School of Economics - Health (LSE).

Action Research at Tumkur

The main objective of the Tumkur action research project was to identify and understand the problems in the Tumkur

health system and then implement possible solutions to solve these problems. The Tumkur team made a presentation to the government health officers highlighting the health status of the citizens in three taluks. Based on the findings and after intense discussions from both sides, we decided to work towards reducing the number of maternal deaths in two of the three taluks. Further analysis led us to a road block, as the PHC staffs were not too willing to change their working practices. After much thought and discussion at our end, we decided to focus our attention on a couple of PHCs in each taluk. The selected PHCs were Amruthur and Hutridurga in Kunigal, Tavarekere and Baragur in Sira. We purposely chose those PHCs where the medical officers were open to change and are in the process of an in-depth situational analysis. We hope that presenting and discussing this analysis with the community and with the PHC staff will help us identify problems that are vulnerable to change and solutions that are feasible.

Action research at KG Halli

The Urban Health project seeks to improve the quality of health care, especially for the poor, by working with the three important stakeholders, the community, the providers and the authority. In its third year of implementation, the project is now focusing on building a common stakeholder platform with strong community participation. This will help in looking for venues to improve quality of health care for its members, particularly the poor.

One of the core strategies to achieve the objectives of this project was to bring together all the stakeholders on to a common platform for a dialogue. The initial meetings started with the providers and there were about seven meetings with the providers in KG Halli community centre. About 8-10 providers, both from public and private clinics/hospitals participated.

The aim of the meetings was to strike a dialogue with the providers and work together to set up a referral system and work out a plan to reduce cost of care and improve quality of care. The team is now trying to capitalise on this and has identified a core group amongst the providers, who are committed to bring about change for the better in the ward.

In order to get the community interested in this process, Dr. Thriveni and her team organised an exhibition at KG Halli, where the results of our survey as well as important health messages were shared with the community. To further gain the trust of the community, two medical camps were held at KG Halli. We also provided three water tanks for safe drinking water. We hope that these activities improve our relationship with the community. The school health programme, the computer training and the library continues as before.

Dissemination workshop and exhibition: The activities held in KG Halli in the first week of September 2012 focused on sharing the findings of the last three years' journey with the local population as well as with officials in the urban health scene. The workshop began on September 5th, 2012 with a rally, where a group of over a hundred school children from nine of the local schools came together to march around the ward informing the community about the exhibition to be held the following week in a local hall.

The exhibition lasted for three days and the stalls for this exhibition days included some from the local CHC, the UHC, an NGO promoting herbal medicines, and an NGO working with child rights, women's issues and addiction issues. IPH had a stall outlining its work and the urban health counter displayed the findings from KG Halli.

A street play was also held where children enacted a play in Tamil and Urdu, both widely spoken in the area, which had most of the dialogues written by the children themselves. Twenty children from four schools in the area participated in the play. The issues included were identified by the children as problems in the area – garbage disposal, child labour, child marriage, alcohol and domestic violence.

Research on the private health sector

Barriers to Point of care testing

"Point of care testing" (POCT) can be defined as the provision of a test when the result will be used to make a decision and to take appropriate action, which will lead to an improved health outcome.

Continuing our efforts to map out the health system in Tumkur, we along with McGill University Health Centre Research Institute, West Montreal, Canada have undertaken a study to understand why some diagnostic tests are used at the point-of-care and others are not, with a special focus on well-established Rapid Diagnostic Tests of global health importance- HIV, malaria, syphilis, hepatitis, and dengue, and to better understand "user needs" in terms of TB diagnostics. This research funded by Bill & Melinda Gates Foundation, will be carried out by Dr Mamata during the period Jan 2013 to December 2013.

This foray into the public and private sector will shed some light into the practices of both the public and private sector providers. IPH team are interviewing doctors, laboratory technicians, patients and even informal providers at both Tumkur and KG Halli to answer this research question. We hope to have the results out by the end of the year.

Barriers to PPP in the TB control programme

India has had a tuberculosis control programme (RNTCP) in place since 1993 with a vision for a 'TB free India'. To achieve this, the programme has adopted a new strategy in RNTCP Phase III (2012–2017) of 'universal access for quality diagnosis and treatment for all TB patients by engaging all health care providers'.

The objective of the study, which will be carried out in two districts of Karnataka: Tumkur district and KG Halli, is to understand the barriers that exist for public-private engagement for TB control and how to incentivise private providers to collaborate with RNTCP as well as improve their TB care practices.

The study will involve collection and analysis of primary and secondary data, using mixed methods. Currently, Dr. Vijayashree and her team have completed the quantitative data analysis, identified the stakeholders for various interviews and awaiting for Institutional Ethical Committee approval to start the data collection.

Implementation of the PCPNDT act

The main objective of this study is to undertake mapping of Ultrasonography (USG) Clinics and assess the status of implementation of PC – PNDT Act and the compliance of the Act and reasons for non-compliance, in USG clinics. The study site is Tumkur district, Karnataka state.

Data collection for the mapping and assessment of status of implementation of PC-PNDT act is over and a report will be prepared by end of 2013.

To create the awareness about the female foeticide, Government of Karnataka organised a sensitization workshop about PC-PNDT act in the Governments hospitals. The main invitees of the workshop were the field health staff. IPH was invited as a 'resource person' for this workshop.

Research on access to medicines

Non-communicable diseases such as Diabetes and Hypertension are increasing in numbers across Karnataka state. These diseases require lifelong care. In our country, the poor do not have access to medicines for these diseases for various reasons. In this research, we would like to understand the effect of improving the existing platforms for community participation that have been put in place through the National Rural Health Mission. We would also like to study if improving care for diabetes and hypertension at PHC level results in improving access to medicines for people living in the PHC area, especially the poor. In order to do this, we will collect data from households, health facilities and from patients. We will also conduct interviews with officials and community members. We will analyse these data to understand (1) whether there was an improvement in access to medicines for people with non-communicable diseases in the areas where health services were improved or in the areas where community-based structures were strengthened and (2) what were the factors within a district health services that allow for such improvements to occur.

For this research study, IPH is partnering with the Karnataka Health Systems Resource Centre (KHSRC), Bangalore and Institute of Tropical Medicine, Antwerp. The study was among seven projects selected from among 116 proposals from all over the world and is funded by the WHO-Alliance. The project headed by Dr Prashanth is awaiting ethical approval and is expected to begin in June 2013.

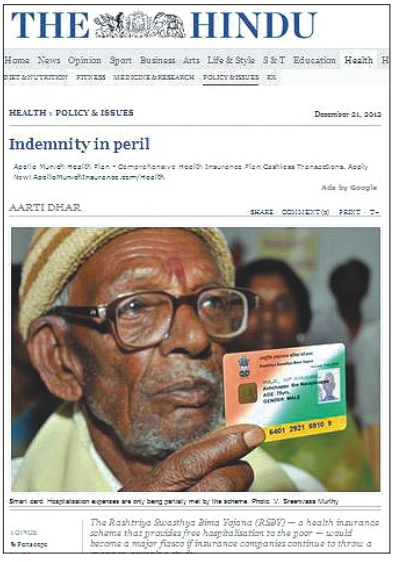
Advocacy

Advocacy seeks to change upstream factors like laws, regulations, policies and institutional practices, prices, and product standards that influence the personal health choices of often millions of individuals and the environments in which these are made. Most health policies are the result of various pulls and pushes. We at IPH try to influence

policy making using the power of evidence and also giving a voice to the community, especially the poor or vulnerable. While research and training play vital role in collecting information and building capacities of the concerned people, advocacy completes this process by disseminating the information gathered, especially to decision-makers.

Health financing

IPH continues to advocate for an equitable and affordable financing system in our country. While most studies on RSBY commended the Ministry on its achievements, we were one of the first to document that insured patients were still incurring high out-of-pocket payments. A press release to this effect was picked up by more than 20 newspapers and widely publicised.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HEALTH » POLICY & ISSUES December 21, 2012

Indemnity in peril

AARTI DHAR

Smart card: Hospitalisation expenses are only being partially met by the scheme. Photo: V. Sreenivasa Murthy

The Rashtriya Swasthya Bima Yojana (RSBY) — a health insurance scheme that provides free hospitalisation to the poor — would become a major fiasco if insurance companies continue to throw a

As part of our advocacy on universal health coverage (UHC), we brought out a book on possible paths to achieve UHC in India. This was released by Prof. Bruno Gryseels at the EPHP and was widely distributed to various policy makers. Subsequently N Devadasan was invited to the National Advisory Council (NAC) to share his views on UHC.

Tobacco control

In November 2011, IPH started a tobacco control project that aimed to use media and political advocacy to promote tobacco control in Karnataka. The tobacco team led by Upendra received cooperation from various Government departments, which permitted actions to be taken in enhancing tobacco control within the state. Some of the highlights in the year 2012-13 include:

‘World No Tobacco Day’ 2012

The district anti-tobacco cell (Bangalore Medical College and Research Institute) organised a series of events such as Poster competition by students and series of interactive presentations eminent professionals. The Home secretary, Health Secretary, Minister of Medical Education, Directors of tertiary hospitals, a Member of Dental Council of India and representatives from the ‘Voice of Tobacco Victims’ (VOTV) also were a part of the event.

As follow up to the World No Tobacco Day, a meeting for the formation of the high power committee was held with the Medical Education Minister. A Petition has been filed in Vidhana Soudha, Petition committee members released a consensus report on formation of high power committee. In March 2013 a Government order was issued forming a high power committee with 14 members.

Hukkah issue

Hukkah bars have become quite popular in the state. An advocacy meeting was held with the BBMP Mayor and other relevant authorities on Hukkah, including offering technical support. IPH also intervened in an ongoing litigation (Mumbai Municipal Commissioner Vs. Hukkah parlour owners) in Supreme Court on Hukkah issue.

Ghutka ban

IPH has been working tirelessly to enforce Ghutka Ban in the state. To support its cause, letters and representations were sent by IPH to key politicians and bureaucrats to ban Ghutka. IPH is facilitating a PIL filed by CPAA demanding ban – as part of SATC putting up request. There was also a meeting with CM and Law Minister, in May 2012, using VOTV, to sensitise them on need for Ghutka ban and Code of Conduct.

Global Adult Tobacco Survey Karnataka fact sheet

IPH in collaboration with the District Anti-Tobacco cell, VOTV and Government of Karnataka organised a program for release of GATS Karnataka fact sheet in the Banquet Hall of the Legislative Assembly of Karnataka. The Chief Minister of Karnataka officially released the GATS fact sheet highlighting GATS findings and reiterating his government’s commitment to advance tobacco control in the state. Around 30 legislators (members of legislative assembly and legislative council) and some bureaucrats were present.

EPHP 2012

It is not enough to do good research, it is equally important to disseminate the findings to relevant people, especially policy makers. To aid this, IPH has been conducting a bi-annual national level conference. The conference in October 2012 was co-organised with the NHSRC and the Karnataka SHSRC and saw the participation of more than 300 researchers and policy makers. The Hon'ble Health Minister, Shri Aravind Limbavali, inaugurated the session in the presence of the Health Secretary, Shri Madan Gopal and the Director of ITM, Antwerp, Prof Bruno Gryseels. Researchers presented their work on human resources, health financing, health services and governance. Key policy makers from various states shared their comments on the research and enriched the discussion. There was a separate session for research Karnataka, which was chaired by the MD NRHM, Shri Vishal. The detailed presentations are available at www.ephp.in. The proceedings of the conference were also published in an indexed journal – BMC Proceedings. We would like to thank the ITM, Antwerp, the HESVIC project and the NRTT for co-funding the EPHP 2012.

Support Services

IPH has effectively adopted the use of ICT to enhance and facilitate KM. The team comprising of public health and IT professionals have been working towards achieving optimum utilisation of resources.

IPH being an academic institute has a well-equipped library with more than 1600 books, to cater to the continuous professional development of the staff and students. Dipalee has indexed using an open source software. This means that an user can easily shortlist books based on keywords, titles, authors or even year of publication

In India, the term ‘health systems’ is still new and very few people are aware of all the dimensions of a health system. To facilitate dissemination of knowledge on health systems. IPH circulates a monthly newsletter to all public health professionals as well as policy makers. These ‘Selected Readings on Indian Health Systems” are available on our webpage.

Our wonderful team

In 2012-13, our team strength grew to 35, mostly public health professionals. These were supported by a small support team. Routine decision making was the responsibility of the Management committee while oversight was provided by a Direction Committee. Of course the overall stewardship of the Institute is provided by the governing board.

Given the increasing budgets that we are handling, we have appointed a new accountant who helps Gajalakshmi with the finances. They are ably supported by Mr Sukumar, the administrator.

Our Partners

We extend our gratitude to the following institutions for supporting us financially and technically.

- Institute of Tropical Medicine – Antwerp, Belgium
- The Directorate-General for Development Cooperation and Humanitarian Aid - Brussels
- European commission - Brussels
- World Health Organisation - Geneva
- National Health Systems Resource Centre – New Delhi
- Sir Ratan Tata Trust - Mumbai
- Misereor – Aachen, Germany
- Medico International - Germany
- Campaign for Tobacco-Free Kids - USA
- Maastricht University – The Netherlands
- McGill University - Canada
- London School of Economics – United Kingdom
- ISSER – Accra, Ghana
- Tata Institute of Social Sciences – Mumbai, India
- CREPOS – Dakar, Senegal
- University of Leeds
- Hanoi School of Public Health, Hanoi, Vietnam
- Shanghai University, China
- KIT – Amsterdam, The Netherlands

Our Finances – 2012-2013

Figures in lakhs of Rupees

Projects	Opening Balance	Income	Expenditure	Balance
HESVIC	84	28	40	44
Urban Health	19	28	38	9
Tobacco control	1	29	28	1
Health Inc	145	0	97	48
ITM	64	82	94	52
POCT	0	19	4	15
NRTT	9	10	10	9
Other projects	30	26	33	23
Administration	.06	13	6	7
TOTAL	**350**	**208**	**350**	**208**

Publications during 2012-13

Publications in peer-reviewed journals

Bhojani U, Thriveni BS, Devadasan R, Munegowda C, Devadasan N, Kolsteren P, Criel B: Out-of-pocket healthcare payments on chronic conditions impoverish urban poor in Bangalore, India. BMC Public Health 2012:12(990)

Bhojani U, Mishra A, Prashanth NS, Soors W (eds): Bringing Evidence into Public Health Policy (EPHP) 2012: Strengthening health systems to achieve universal health coverage. BMC Proceedings 2012:6(5)

Bhojani U, Thriveni BS, Devadasan R, Munegowda CM, Devadasan N: Challenges in organizing quality diabetes care for the urban poor : a local health system perspective. BMC Proceedings, 2012:6(5), O13.

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