IPE GLOBAL
Expanding Horizons. Enriching Lives.


## WORLD HEALTH DAY

**Depression: Let's Talk**

# PLANET IPE

## APRIL 2017

### A FOCUS ON HEALTH, NUTRITION AND WASH

**OUR COMMITMENT TO SUSTAINABLE DEVELOPMENT GOAL 3**
**Good health & well being**

**IPE Global's key health projects**

**Can the Mental Health Bill 2016 get us there?**


IPE TRIPLELINE
Expanding Horizons. Enriching Lives.

IPE AFRICA
Expanding Horizons. Enriching Lives.

imperia health Pvt. Ltd.
AN IPE GLOBAL VENTURE

IPE CKD
Expanding Horizons. Enriching Lives.

# TABLE OF CONTENTS

# MD SPEAKS

## Ashwajit Singh

**Managing Director - IPE Global**

Did you know that common mental disorders are increasing worldwide? Between 1990 and 2013, the number of people suffering from depression and/or anxiety increased by nearly 50%. Close to 10% of the world's population is affected by one or both of these conditions. Depression alone accounts for 10% of years lived with disability globally.

Working in the development sector, as many as 1 in 5 people who deal with humanitarian emergencies and ongoing conflicts, are affected by depression and anxiety.

Talking about depression thus becomes a vital component of recovery. The stigma surrounding mental illness, including depression remains a barrier to people seeking help throughout the world. It becomes imperative that the subject gets highlighted and people talk more about depression- whether with a family member, friend, medical professional or even a colleague. This will ultimately help break down the stigma and lead to more people seeking help.

With the upcoming World Health Day on April 7th, we at IPE Global, aim to ensure that our colleagues are better informed about depression, its causes and possible consequences; and what help is or can be available for prevention and treatment. We would further want to urge all IPEans to provide support to people living with depression and encourage them to seek help.

Remember, as Tenzin Gyatso once said, "the greatest degree of inner tranquillity comes from the development of love and compassion. The more we care for the happiness of others, the greater is our own sense of well-being"

Let's commemorate the World Health Day by encouraging people to talk as it is a first step towards recovery for depression.

*Source: http://www.who.int/campaigns/world-health-day/2017/toolkit.pdf?ua=1*

# FOREWORD

**Dr. Dinesh Aggarwal**
**Director - Health, Nutrition and WASH**

It is encouraging to see health being centrally positioned in the recently endorsed global SDGs agenda, which encompasses economic, social and environmental dimensions of sustainable development. SDG#3 and 13 targets cover all major health concerns. Among these, Universal Health Coverage (UHC) has emerged as a central overarching theme in improving access, coverage and providing financial risk protection in spirit of "let no one be left behind".

Although significant progress has been registered in health indicators during Millenium Development Goals (MDG) era, we acknowledge inequities still persists. This is clearly evident in reducing maternal and infant/child mortality, improving nutrition (stunting rates, wasting) and battling against communicable diseases such as TB, HIV/AIDS and neglected tropical diseases. Also now there is an increasing recognition to address non-communicable diseases, mental health problems, injuries and accidents, emerging pandemics (Zika/ Ebola) and consequences of climate change on health of people.

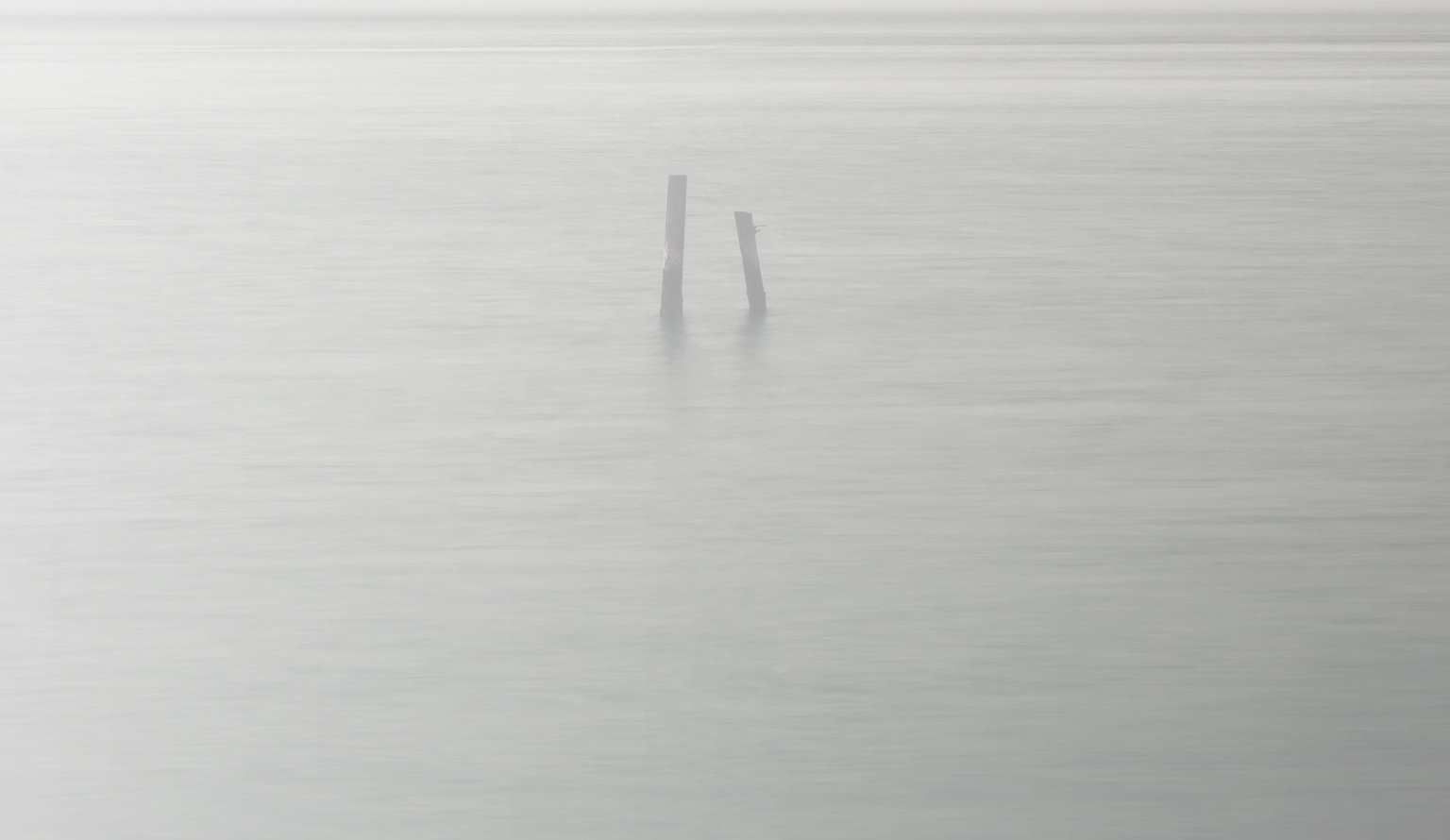
In this context the new National Health Policy (2017) lays out overall intent and approach to achieve national health goals. However, we need to acknowledge that health is a largely state subject and much would depend on political commitment at state level to increase public spend, focus on efficiency and also ensure accountability. We hope with greater devolution of funds from centre, increase in state GDPs there would be ample fiscal space at the state level.

This year's World Health Day (7$^{th}$ April), theme is about a major mental health problem-Depression. Burden of Diseases attributable to mental health disorders in general and depression in particular is going up as evident in spurt in suicide rates especially in productive age groups. Attached deep rooted social stigma to these diseases is a major challenge in seeking early care. There is ample evidence of investing in bare foot counsellors (community based) to identify early alert signs and focus on "Let us Talk".

# EDITORIAL

**By Team Corporate Communication**

In many countries of the world, there is no, or very little, support available for people with mental health disorders. Even in high-income countries, nearly 50% of people with depression do not get treatment. The World Health Day, commemorated on April 7 (marking the anniversary of the founding of World Health Organisation) provides us with an opportunity to mobilise action around health and spread awareness. The theme of the 2017 World Health Day campaign is depression. Depression affects people of all ages, from all walks of life, in all countries. It causes mental anguish and impacts on people's ability to carry out even the simplest everyday tasks, with sometimes devastating consequences for relationships with family and friends and the ability to earn a living. Yet, depression can be prevented and treated. This edition of Planet IPE aims to raise awareness of mental health concerns, reduce the stigma around seeking help for depression; and highlight how IPE Global is committed to impacting and improving healthcare. Hope you enjoy this 'World Health Day' edition of Planet IPE. Happy reading!



# WORLD HEALTH DAY "DEPRESSION: LET'S TALK"

## What you should know?*

Depression is a common mental disorder. Globally, more than 300 million people of all ages suffer from depression.

**Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.**

## What is Depression?

Depression is characterised by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks. In addition, people with depression normally have several of the following symptoms:

- **A loss of energy;**
- **A change in appetite;**
- **Aleeping more or less;**
- **Anxiety;**
- **Reduced concentration;**
- **Indecisiveness;**
- **Restlessness;**
- **Feelings of worthlessness, guilt, or hopelessness; and**
- **Thoughts of self-harm or suicide**

**MORE WOMEN ARE AFFECTED BY DEPRESSION THAN MEN.**

- **At its worst, depression can lead to suicide.**

**THERE ARE EFFECTIVE TREATMENTS FOR DEPRESSION.**

- **The risk of becoming depressed is increased by poverty, unemployment, life events such as the death of a loved one or a relationship break-up, physical illness and problems caused by alcohol and drug use.**
- **Depression causes mental anguish and can impact on people's ability to carry out even the simplest everyday tasks, with sometimes devastating consequences for relationships with family and friends.**

**Depression can be effectively prevented and treated. Treatment usually involves either a talking therapy or antidepressant medication or a combination of these.**

- **Overcoming the stigma often associated with depression will lead to more people getting help.**
- **Talking with people you trust can be a first step towards recovery from depression.**

*Source: http://www.who.int/campaigns/world-health-day/2017/toolkit.pdf?ua=1*

## WHO response*

Depression is one of the priority conditions covered by WHO's Mental Health Gap Action Programme (mhGAP). The Programme aims to help countries increase services for people with mental, neurological and substance use disorders, through care provided by health workers who are not specialists in mental health. The Programme asserts that with proper care, psychosocial assistance and medication, tens of millions of people with mental disorders, including depression, could begin to lead normal lives – even where resources are scarce.

## IPE Global's commitment to health

Health, Nutrition and WASH are major determinants impacting quality of life. In many developing countries, access to quality and affordable health care, balanced diet, safe water and basic sanitation is a challenge for the poor and disadvantaged, especially for women and children. IPE Global works with a wide range of stakeholders such as national and state governments, development partners, civil society organisations and the private sector players to design and manage range of interventions to facilitate sustainable change in lives of millions of people.

**Soumitro Ghosh**
**Program Director**

We realize that investments in this sector, focusing on the underprivileged and vulnerable, could have large impact on the well-being of the communities and transform their lives. It is not coincidental that these were included in the erstwhile Millennium Development Goals (MDGs) and are now contained within Sustainable Development Goals (SDGs). To maximize health impact, we have integrated, multi-sectoral approaches to strengthen health systems, policy design, planning, service delivery, hospital management, behavi-our change communication (BCC), health financing and health & nutrition services improvement.

*http://www.who.int/mediacentre/factsheets/fs369/en/

# IPE GLOBAL'S KEY HEALTH PROJECTS

**DFID ||**
**Techno-managerial support to State Governments of Odisha, Bihar, West Bengal and Madhya Pradesh***

Under this DFID-funded assignment, IPE Global facilitated the adoption of effective management and technical systems within the Health Department of Odisha, Bihar, West Bengal and Madhya Pradesh. With the main aim to strengthen the public healthcare system and identification of specific implementation challenges, we built robust Technical Assistance Support Teams (TASTs) for each State. IPE Global brought public health sector governance reforms through institutional restructuring, strategy development to tackle priority health issues, adequate capacity building of officials, adopting efficient M&E measures, and developing efficient procurement and financial management systems. TASTs also helped in building convergence strategies between Health Department and WCD, RDD & PHE departments as well as with development and private partners.

IPE Global has designed and built various innovative approaches for community involvement, using PLA and CLTS approaches. In Odisha we developed Shakti Varta, which reached out to 15 districts covering over 1.25 lakh SHGs and 34 lakh women and promoted healthier family practices, influenced social and gender norms, risen demand for HNWASH services, increased women's agency and stimulated local action for change. In Bihar, we designed, developed and implemented a performance monitoring and informed decision support mechanism in the form of DASHBOARD Monitoring System for State Health Society.

** Madhya Pradesh - 2008 - 2012; West Bengal 2006 - 2010; Bihar and Odisha 2008 - 2016*

---

**ÚSAID ||**
**Partnerships for Affordable Health Care Access and Longevity (PAHAL) - Ending Preventable Maternal and Child Deaths among India's Urban Poor (2015- 2020)**

**L. M. Singh, Project Director**

**"Our recently organised action meet highlighted that while Innovation is necessary to ensure efficient utilisation of resources and offer customers value, private players are limited by risk capital, ence there is a larger need to align private, donor and government resources to catalyse market systems for innovation."**

Piloting innovative strategies in improving access to quality health care for the urban poor in India. PAHAL Project, funded by USAID, aims to reduce preventable morbidity and mortality in urban areas through improved access to affordable and quality healthcare services for urban poor. It focuses on providing catalytic support to urban health ecosystem through Inclusive Business Models (IBMs) for delivering

affordable and quality primary health care at scale with coverage of 10 million urban poor. The project also includes developing and supporting adoption of innovative and sustainable demand side financing models (pre-pay, community insurance, deferred payments, etc.). The key outcomes include: i) increased access to affordable quality primary health care ensured for 10 million urban poor; ii) out- of- pocket expenditure of urban poor for primary health care reduced by 30% in project areas; iii) improved health seeking behaviour of the urban poor population.

## DFID || Implementation of Active Case Detection (ACD) strategy for Visceral Leishmaniasis (VL) and Post Kala-Azar Dermal Leishmaniasis (PKDL) under the KalaCore Programme for tackling Visceral Leishmaniasis (2015-2017)

**Dr. Jose Michael, Vice President**

**"We have had an exciting year with a few key project wins that has extended the outreach of our organisation's work in the health sector and helped position us as a competitive force. In 2017, we hope to continue shaping the public health and development sector business in India"**

Under this DFID-funded project, the main objective is to implement the ACD strategy for VL and PKDL in the endemic states of India, in collaboration with the KalaCORE consortium. This project supports Government of India's National Vector Borne Disease Control Program (NVBDCP) initiatives. Major activities of the project are identification and geo-tagging of high incidence villages; training of ASHA workers, community mobilizers and volunteers regarding identification of VL and PKDL cases. This is followed by mobilization of suspected cases to the diagnostic camps and for Ambisome treatment to nearest public health facility, if found positive. In terms of coverage, 5,63,290 individuals (95.85% of population) were screened for VL and PKDL, during Phase one; the second phase of the project aims to cover approximately 13,87,000 population at risk. We also supported the health departments in Bihar and Jharkhand to roll-out liposomal Amphotericin B (AmBisome) for effective Kala-Azar treatment in district hospitals and PHCs across the endemic districts.

## USAID || Scaling up interventions in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) in 6 States - Jharkhand...

**Dr. Rajeev Gera, Project Director**

**"We have carved out niche areas for support aiming to create sustainable change. The team has rolled out a comprehensive strategy to improve quality of care for mothers and new borns at high case-load health facilities in the project areas and also developed implementation models to improve access of services in hilly areas, urban slums and rural areas."**

RMNCH+A programme is designed to contribute to USAIDs goal of reducing morbidity and mortality among women and children, especially in 30 high-priority districts (HPDs) in 6 states of India,

**...Uttarakhand, Punjab, Haryana, Himachal Pradesh and Delhi (2014-2018)**

in support of Government of India's efforts. IPE Global is providing techno- managerial support at the National, State and District level to build capacity of implementation agencies to enable them to identify and scale-up effective RMNCH+A interventions in respective areas. Specifically, the overall purpose of the project is to increase the off-take of RMNCH+A services through: (i) increased availability, accessibility and demand for RMNCHA+A services; (ii) ensuring convenience, quality and affordability of services; (iii) targeting the vulnerable population in HPDs; (iv) promoting innovations and pilots for radical improvements; and (v) building capacity of state and district managers to continuously improve their health systems.

**Administration of RNTCP Consultants' Network (2015-2017)**

IPE Global is instituting and managing the network of 90 RNTCP (Revised National Tuberculosis Control Program) Medical Consultants, in this WHO-funded project. IPE Global is providing services for human resource and financial management of these medical consultants. We exercise adequate internal controls and ensure oversight for cost efficiency on reimbursable components of the budget, also provide inputs to WHO Focal Point to facilitate their annual performance appraisals.

**Royal Norwegian Embassy || Administration of Projects under Norway India Partnership Initiative (NIPI) (2015-2017)**

**Dr. Harish Kumar, Director**

**"Excellent results have been achieved by the project team this year with scale up of five community and facility based innovations countrywide- Home Based New Born Care Plus, Family Centred Care, Strengthening of Pediatrics Care Services, Special New Born Care Unit Plus and Regional New Born Care Resources Centres."**

Testing innovative solutions in maternal and new-born care to bring about a drastic reduction in preventable deaths. This project supports the collaboration between the Government of Norway and India, to reduce child mortality in India. The program supports interventions both at national and state levels (Bihar, Jammu & Kashmir, Odisha, Madhya Pradesh and Rajasthan), to test selected innovative approaches and provide strategic support to improve public service delivery structures. This includes introduction of Sick New-born Care Units (SNCUs) to provide facility based care for new-born with infections and a program of Home Based New-born Care (HBNC) targeting the first six weeks after birth, among several others. IPE Global also supports 'National Dakshata Program' to strengthen the labour room in health centres based on Dakshata guidelines, using technology to monitor the progress and provide support to health workers, harmonization of child health training packages, pre-service education in nursing and midwifery among others.

## ETHIOPIA

**DFID || Ethiopia Safe Space Program Project, Ethiopia (2016-2017)**

The Ethiopia Safe Space Program (ESSP) has been awarded to the consortia of IPE Global (Lead) and Pathfinder International (Associate) for implementing a 16 month pilot phase. ESSP is also our first prime contract with DFID. The project will support adolescent girls, aged 11-14 years old, to engage in a safe space programme that will equip them with personal, social, health, safety, education and financial outcomes - building their confidence, agency, skills and knowledge as they progress through adolescence. 2,000 girls in two regional states of Ethiopia are currently undergoing a complementary "special education and counselling" programme through an hour long weekly session at 80 locations supported by specially trained staff who provide supportive supervision and guidance to "mentor" the girls skilfully. ESSP is to be scaled nationally and this pilot shall design and test the model, curricula and operating model. This will be done in 2 Regions of Amhara and Oromia. The Federal Ministry of Health (MoH) is leading the government support for the program, together with Girl Effect Ethiopia, a programme team of DFID in Ethiopia.

## KENYA

**KfW || Ministry of Health, Government of Kenya: Accreditation and Quality Assurance Services for Output Based Approach (OBA) in Kenya**

The KfW funded RH-OBA strategy is a results based demand side approach to health financing which lasted for 10 years. It was a flagship Vision 2030 of the National Government in response to MDG 5 and SDG 3. It provided a visible window for objectively verifying actions to influence outcomes on Safe Motherhood, Family planning and Sexual and Gender Based Violence recovery services. The project was based on the presentation of a prepaid voucher, managed by the Voucher Management Agency (PWC) with support from the Overall Project Management Support Agency (UNES). The voucher was sold to an economically disadvantaged 3 million targeted beneficiaries at a heavily subsidized (token) price and utilized in over 400 OBA accredited health facilities in Kiambu, Kitui, Kisumu, Kilifi and informal settlements of Korogocho and Viwandani in Nairobi County.

IPE Global provided Accreditation and Quality Assurance Services from the year 2014 till April, 2016. The accreditation involved quality assessment and certification of the Standards of Health Care and Service Delivery in the facilities receiving the Voucher-Holding Patients. This was executed under Phase III of the OBA Program for which IPE Global had provided a baseline survey along with Phase II Evaluation in 2012. Our team used established criteria for assessment of health standards based on ISO and KQMH which was followed by continuous quality assurance processes supported by our trained and certified Health Care Quality Auditors handpicked from amongst senior County Health Staff based in the county. The team of 22, having been certified by MoH through IPE Global, now operate as ambassadors of Continuous Quality Improvement in Health in their counties. We even designed and utilized a real-time web enabled data management system to assess (i) Leadership and Financial Management (ii) Human Resource (iii) Infrastructure (iv) MCH/FP unit (v) Maternity and Labor ward (vi) Laboratory (vii) Theatre (viii) Pharmacy (ix) General Stores (x) Infection Prevention and Control (xi) Referral System in each facility.

## ETHIOPIA

**UNICEF || Baseline assessment of the EU-SHARE project in Amhara, Oromia and SNNPR regions (2016- 2017)**

The EU SHARE programme aims at addressing malnutrition in the horn of Africa, and Ethiopia being one of the beneficiary country, is implementing it in 17 woredas (districts) across three regional states. IPE Global has designed and is under the process of carrying out a baseline assessment of the current situation of malnutrition in under five children, adolescents and pregnant and lactating women, who would be reached out as beneficiaries of the SHARE programme, based on results provided by the assessment. A total of over 2,000 households would be covered during the study which shall use a mixed methods approach and also utilise anthropometric assessments, which is a first for IPE Global in Ethiopia.

## LONDON

**DFID || Health Partnership Scheme (HPS): Summative Evaluation (2011-2017)**


*Example of use of live illustration during a workshop with health practitioners and international development partners.*

The HPS works to support partnerships between UK health organisations and their counterparts in 32 developing countries to build capacity in the health workforce and health institutions in those countries and in the UK, to contribute towards strengthened health systems.

The evaluation demonstrated the effectiveness of the partnership and volunteering approach in supporting health worker capacity strengthening, and found that the scheme had been successful in strengthening existing partnerships and project approaches for increased chance of sustainability and wide-scale change. Partnerships that could link up and establish synergies, and thus be more strategic, were particularly effective. Primary evaluation audiences included DFID, THET, other UK Government Departments (e.g. Department of Health), the non-state sector (e.g. Global Health Group of the Academy of Medical Royal Colleges), developing country government institutions, other development partners (bi-laterals and the WHO), and other HPS health partners in the south.

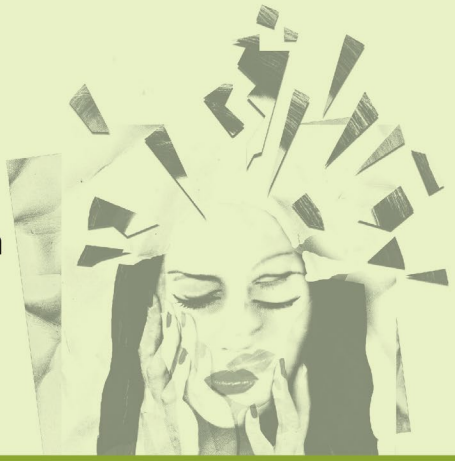
As part of the HPS evaluation methodology, we conducted 4 country case studies in Uganda, Zambia, Sierra Leone, and Myanmar. The sampling frame for country selection covered a range of criteria including geographical spread by region and country context, number of partnerships per country, type of grant, size and duration of grant, type of country and UK partners, and technical health focus area.

A mixed method approach was taken in-country, including document review, semi-structured in depth interviews and participatory group discussions with staff, volunteers and wider stakeholders, workshops, review of service statistics, and health facility observation. Data triangulation is key to our rigorous approach. ***Click here to view the report***


WORLD HEALTH DAY
DEPRESSION
LET'S TALK

IPE GLOBAL
Expanding Horizons. Enriching Lives.

# DEPRESSION
# Let's Talk



Globally, more than **300 million** people of all ages suffer from depression

Depression costs the global economy more than US$ **1 trillion** each year.

There are effective treatments for depression...

Fact Credits: WHO

#LetsTalk #Depression #WHD2017 #IPEansCare

IPE GLOBAL
Expanding Horizons. Enriching Lives.

DEPRESSION
Let's Talk

More than **80%** of depression patients' are among people living in low and middle – income countries.

In humanitarian emergencies and ongoing conflict, as many as **1 in 5 people** are affected by depression and anxiety.

There are effective treatments for depression...

Fact Credits: WHO

#LetsTalk #Depression #WHD2017 #IPEansCare

# OUR HEALTH EXPERTS

## Team VRIDDHI

Rajeev Gera
Gunjan Taneja
Sameer Wadhwa
Ashok Raisinghani
Shahid Ansari
V S Sridhar
Geeta Verma
Devina Bajpayee
Rajni Wadhwa
Arvind Kumar
Punit Srivastava
Sukriti Gangola
Krithika Murali
Om Prakash
Nipun Wadhawan
Avinash Kumar Jha
Gunjan Chawla
Manpreet Kaur Rishi
Saumyadripta Chaudhuri


## Team PAHAL

L.M Singh
Sameer Wadhwa
Sainath Banerjee
Shailesh Kumar
Neelam Bhatia
Radhika Sareen
Akanksha Srivastava
Sanat Mondal
Ashish Sinha
Vishal Anand Mishra
Mohak Mathur
Pinaki Joddar
Sabiha Mahboob
Himani Sethi
Namita Wadhwa
Mushahid Ali Khan
Dr. Sukrit Kumar

## Team NIPI

Harish Kumar
Renu Srivastava
Deepti Agrawal
Rajat Khanna
Sharad Singh
Cheshta Bajaj
Sandeep Adhikari
Aditya Mishra
Virendar Bora
Ashfaq Ahmed Bhat

## Team Health Partnership Scheme Evaluation

Georgia Taylor
Katharine May
Paula McMeekin
Irko Zuurmond
Adetoro Adegoke
Lydia Richardson
Paula Quigley
Clare Callow
Margaret Mannah-Macarthy
Dr. Khin Tar Tar
Maureen Syanzila
Abeja Apunyo
Sophie Greenwood

Dr Khaing Mar Thant
Dr Myint Myint Thein
Dr. Thant Myat Win
Michael Malley
Marie Monaghan

## Team Ethiopia

Sunil Verma
Nishu Chaudhry
Tilahun Wolde
Lulit Assefa
Dereje Ketema

## Team Kenya

Dr. Sajal Sen
Dr. George Rae
Dr. Devina Bajpayee
Martin Omondi
Sheila Atieno

# MENTAL WELLNESS: CAN THE MENTAL HEALTH BILL 2016 GET US THERE?

By Arunima Malik
Team IPE CKD

## APPROXIMATELY 50 MILLION PEOPLE WHO SUFFER FROM MENTAL ILLNESSES IN INDIA

The changing landscape of mental health laws across the globe is aimed at integrating and protecting people suffering with psychological disorders and abolishing segregation and discrimination. The continued and overpowering influence of Human Rights had finally led to viewing people with psychological disorders as individuals with equal rights that can be enforced by the States and International Bodies. International communities furthered this change in mind-set through the United Nations Convention on the Rights of Persons with Disabilities 2006 (commonly known as the 'Disability Convention') and Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (or simply the MI Principles).

Though India has ratified the Disabilities Convention, it has been unable to meet the standards set by the convention. The Mental Health Act 1987 which provided inadequate protection to rights of mentally ill people needs to be upgraded immediately. The Mental Health Act of 1987 laid stringent licensing requirements for providing healthcare for mental disorders. A non-heritable and non-transferable license was needed for establishing a mental health institution. Unfortunately, the law discriminated between private and government intuitions, with relaxed licence requirements for the latter. This became a deterrent for the private sector to invest in healthcare for psychological disorders. The Mental Health Bill 2016 repeals the existing act and aims to fulfil India's international obligation to the Convention on Rights of Persons with Disabilities. The current bill is intended to empower persons with mental disabilities by adopting a humanistic rights based approach- a first in India's mental health laws. The Mental Health Bill 2016 further provides for the creation of Central and State Mental Health Authorities to ensure enforcement of regulations and develop quality mental health establishments. The Bill also promotes registration of psychologists, mental health workers and nurses and training of law enforcement officials about amended laws and implementation of the Bill. The Mental Health Bill 2016 has also mandated the development of Mental Health Review Boards to ensure that rights and protection are guaranteed to patients admitted into mental health establishments. Further the Bill has decriminalised suicide and allows individuals with a predisposition to a mental illness to nominate a representative and make an advance directive about how they want their treatment to progress.

*Read more at: http://ipeckd.com/blog/blog_page.php?po_id=23#sthash.zf9HfNYU.dpuf*

# NATIONAL HEALTH POLICY 2017: A STEP TOWARDS IMPROVED HEALTH INDICATORS

By **Kriti Pandey**
**Team Corporate Communication**

The Union Cabinet recently cleared the new National Health Policy. The new policy comes after the last one in 2002. This policy too has gone through a 2 year long deliberation among experts and has suggestions and inputs from all stakeholders. The policy aims to introduce institutional reforms and also improve the quality of services in various aspects.

Along with other promises in the new policy, one of the most talked about claims made in the current policy is the increased health spending to 2.5 per cent of Gross Domestic Product (GDP) to a vis-à-vis 2 per cent target which was adopted back in 2002. According to public health advocates, the government was not able to achieve the 2002 target but nevertheless this is a welcome move to start with. What remains to be seen is how states will increase the health expenditure and serve the needs of the citizens.

With stunted malnourished children, anaemic women, India's current expenditure is abysmally lower than many of its neighbors as well as BRICS counterparts. A major cause of concern is the increasing out of pocket expenditure.

The new National Health Policy also aims to strengthen the primary health care proposing free drugs, free diagnostics and essential services in all public hospitals which would auger well for the health indicators to improve in a big way. This would be ensured by support to secondary and tertiary spectrum with focus on preventive, promoting and curative services.

## OUT OF POCKET EXPENSES (OOP) INCREASE THE POVERTY DIVIDE

India's out of pocket expenses on health is highest in the world with India accounting for 20 per cent of the global burden of disease, high death of children under the age of 5 as well as neo natal deaths. The correlation between national OOP expenditure and poverty was also emphasised in the draft of the National Health Policy which was placed in the public domain for consideration. With negligible insurance cover, increasing number of smoking related deaths, the worst sufferers identified were the people in rural India. The states need to identify innovative ways how to decrease this pressure specially a way to cover the informal and unorganized sector workers and their dependents.

*Read more at: http://ipeglobal.com/newsletters.php*

# RECENT EVENTS

Ashwajit Singh, Managing Director, IPE Global, Marietou Satin, Deputy Director, Office of Health, USAID; Harpal Singh, Chairman Emeritus, Fortis Healthcare; Ajay Poddar, Chairman- CSR Committee, PHD Chambers of Commerce; Gayatri Subramanium, Chief Programme Executive, National Foundation for CSR, Indian Institute of Corporate Affairs; LM Singh, Project Director, PAHAL and Himani Sethi, Project Management Head, PAHAL, lighting the lamp in the inaugural ceremony.

## PAHAL ACTION MEET TO PROMOTE EQUITABLE HEALTH FOR URBAN POOR

United States Agency for International Development (USAID) and the PHD Chamber of Commerce and Industry (PHDCCI) hosted an Action Meet to catalyse market based health systems to promote "Equitable Health for Urban Poor". The Action Meet was organized as part of Project 'PAHAL' (Partnerships for Affordable Health Access & Longevity), managed by IPE Global with technical and financial assistance from USAID and brought together over 100 delegates representing a diverse mix of expertise, experience and passion of Health Practitioners, Inclusive Healthcare Businesses, Innovators, Financial Institutions, Development Partners, Corporates, Thought Leaders etc. The Action Meet connected and moderated a dialogue to catalyse the market based health partners and identify actionable solutions that have a potential to improve access to affordable and quality healthcare for the urban underserved communities.

---


By Daljeet Kaur, IPE CKD

## EKLAVYA COFFEE BREAK: MENTAL HEALTH

The inclusion of mental health and wellness in the SDGs is the first time that all conditions that constitute mental health are being addressed in an inclusive manner. This has also given an impetus to the signatories of the UN Disabilities Convention to amplify efforts to provide appropriate infrastructure and treatment to its differently abled citizens. Recently, a discussion about the Mental Health Bill in the Lok Sabha was reported carrying details of an emotional speech by Shashi Tharoor, Member of Parliament about the challenges of living with a patient of mental illness. He was in favour of the bill that aimed to provide improved mental healthcare services and decriminalise suicide, instead treating those who attempt suicide as patients of mental illness who require appropriate medical and psychological assistance among other clauses. In a monumental move, the Indian Parliament has approved the Mental Health Bill and taken its first step towards becoming a society that hopes to further the growth of all of its citizens in an inclusive manner without discrimination.

# STRENGTHENING RELATIONS WITH NORWAY TO REDUCE CHILD MORTALITY

The partnership between the Royal Norwegian Embassy and IPE Global was further strengthened with the signing of the contract with enhanced terms for the administration of projects under Norway India Partnership Initiative. This project supports the collaboration between the Government of Norway and India, to reduce child mortality in India.

# TRAVEL DIARY | IPE GLOBAL KOLKATA ANNUAL RETREAT

**By Panchali Ghosh, Kolkata Office**

## THE MOUNTAIN SONG: A BRIEF ACCOUNT OF THE JOURNEY TO GANGTOK

By then it was mid December 2016 and we at IPE Global Kolkata were busy chasing deadlines. By the time we managed to sit down to decide on the destination for our company retreat; the mercury level in Kolkata was on a rise, which in a way made the decision easier. Gankgtok, a hill station situated at the eastern Himalayas in Sikkim was the unanimous choice. With the aim of keeping the budget under control, we decided to organize the trip ourselves. Booking of the railway tickets at the Padatik Express for 24th February 2017 was the first step towards that end.

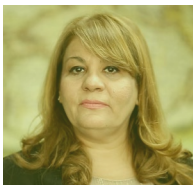


## BIDDING ADIEU TO THE MOUNTAINS

It was 27th February - Monday morning- our time to leave the mountains was approaching fast. In the morning, we made sure to take a group photograph in our specially customized IPE Global T-shirts. It was followed by a prize distribution ceremony, final speeches by senior team members and vote of thanks. As we began to climb down from the mountains, a strange melancholy gripped us. We had lunch on our way and reached the NGP station by evening to catch our train to Kolkata. In my more than decades old profession life, I have been fortunate to participate in various company retreats. But there was something special about this one. I do not know, whether it was the fact that we organized it ourselves, the enthusiasm of the participants, the overwhelming presence of the mountains or perhaps, my personal feeling. We are all thankful to our company for gifting us a memory, which we will cherish in the years to come.

**Click here to read more and here to view more photographs**

# CREDITS
## TEAM CORPORATE COMMUNICATION



**TANYA SINGH**
Advisor
Corporate Communication
and Quality Assurance

**SHILPI JAIN**
Communication Specialist
Corporate Communication

**TANYA UKE**
Sr. Communications Officer
Corporate Communication

**SAPNA SUBBA**
Sr. Graphics Designer
Corporate Communication

**KRITI PANDEY**
Sr. Communications Officer
Corporate Communication

**AASHNA BHATIA**
Communications Officer
Corporate Communication

**PHOTO CREDITS**
**Georgia Taylor, Serena Wong, Gerd Altmann, John Hain, Wokandapix**
**Julia (Dyversions), Panchali Ghosh, Jatin Baweja**

IPE GLOBAL
Expanding Horizons. Enriching Lives.
www.ipeglobal.com


**CONNECT WITH US**
**connect@ipeglobal.com**

**IPE Global Limited**
IPE Global House
B-84, Defence Colony
New Delhi - 110024, India
Tel: +91 11 4075 5900
Fax: +91 11 2433 9534
Email: ipe@ipeglobal.com


https://goo.gl/bhjaXJ https://goo.gl/vTg8Cj https://goo.gl/09oTR9 https://goo.gl/Xllyj5

IPE TRIPLELINE
Expanding Horizons. Enriching Lives.
www.tripleline.com

IPE AFRICA
Expanding Horizons. Enriching Lives.
www.ipeafrica.com

imperia health Pvt. Ltd.
AN IPE GLOBAL VENTURE
www.imperiahealth.com

IPE CKD
Expanding Horizons. Enriching Lives.
www.ipeckd.com