Swasth Bharat
Healthy India

A Systematic and Sustainable Programme to Promote Health

In Mahabharat, before he was allowed to enter the Heaven,
Yudhishtir was asked by Dharma "*What is the greatest gift of God?*"
He correctly replied "*The greatest gift of God is Good Health*"

Voluntary Health Association of India
B-40, Qutab Institutional Area, New Delhi 110016
Ph: 011-47004300
Email: admin@vhai.org, www.vhai.org

Key Facts

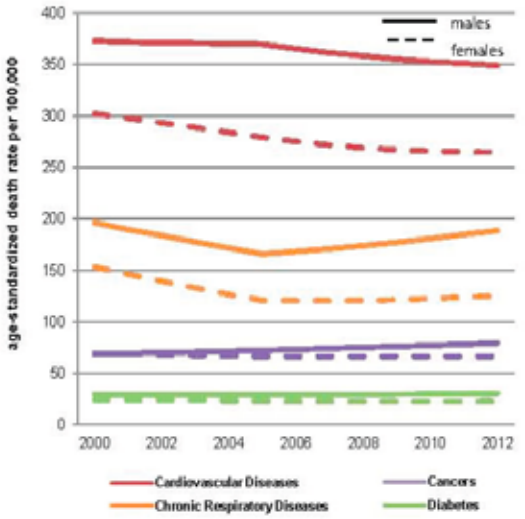
- Non-communicable diseases have emerged as a leading cause of mortality and morbidity worldwide.
- It is the result of complex interaction between health, economic growth & development and lifestyle changes.
- There were 38 million deaths in the year 2012 globally.
- Out of 38 million, 16 million are premature deaths.
- Three fourth of all NCDs deaths occur in low and middle-income countries.
- In India, 5.2 million deaths are due to NCDs which is highest among all causes of mortality.
- One in four Indians are at the risk of dying prematurely due to NCDs.
- India is home to over 60 million adults with diabetes, of which more than 30 million are undiagnosed or untreated.
- Rapid urbanization, industrialization and globalization contribute significantly to NCDs.
- Common modifiable risk factors for NCDs are unhealthy diet, sedentary lifestyle,tobacco & alcohol.
- NCD is not about 3Ds- Disease, Doctor & Drug, it is much beyond that.
- Health promotion is a cost effective strategy to bring down the burden of NCDs.

India

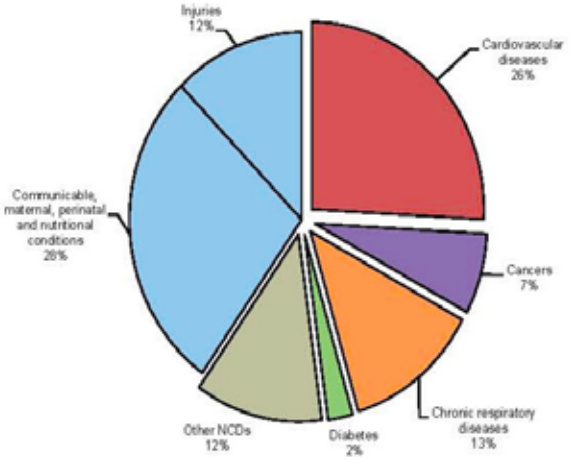
Total population: 1 240 000 000
Income Group: Lower middle

Percentage of population living in urban areas: 31.3%
Population proportion between ages 30 and 70 years: 40.1%

Age-standardized death rates*



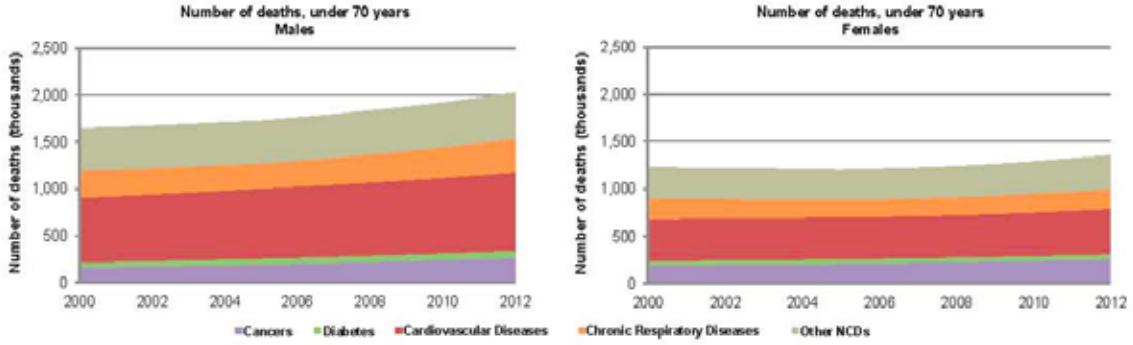
Proportional mortality (% of total deaths, all ages, both sexes)*



Total deaths: 9,816,000
NCDs are estimated to account for 60% of total deaths.

Premature mortality due to NCDs*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26% .



Adult risk factors

	males	females	total
Current tobacco smoking (2011)	25%	4%	15%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	8.0	0.5	4.3
Raised blood pressure (2008)	21.3%	21.0%	21.1%
Obesity (2008)	1.3%	2.4%	1.9%

Why Prevention?

Cost of treatment of a disease is much more than cost of disease prevention/health promotion

I: Cost of treatment of diabetes:

Number of people with diabetes:

2013	2030
65 million with diabetes	110 million with diabetes
70 million with pre diabetes	-

Average Indian annual income – Rs. 74,920 per year
Average cost of diabetes treatment – Rs. 25,00 per month
This represents 40% of the income of an average Indian.

Assuming that we get good control of diabetes and decrease the complications by at least 50%, this would lead to savings of nearly Rs. 4,00,000 crores/year. If we prevent diabetes in about a third of new onset cases, this could lead an additional savings of several thousands of crores of complication.

II. The WHO (World Health Organization) has estimated that a 2% annual reduction in national level chronic disease death rates in India would result in an economic gain of USD 15 billion for the country over the next 10 years.

III. The study on Economic Burden of Tobacco Related Disease in India conducted by the Ministry of Health and Family Welfare, Govt. of India estimates, economic costs attributable to tobacco use from all diseases in India amounted to Rs. 1,04,500 crores, which is 1.16 percent of the GDP. This is 12 percent more than the combined state and central government expenditures on health in 2011-12. The total central excise revenue from all tobacco products in the year 2011-12 amounted to only 17 percent of the estimated economic costs of tobacco.

Health Promotion and Healthy Lifestyle

Health Promotion has a lifelong effect. The earlier health promotion begins, the better its effects are. A healthy lifestyle is one, which helps to improve people's health and wellbeing. It improves your critical health indicators such as weight, blood sugar, blood pressure, and blood cholesterol.

Healthy living include healthy eating, physical activities, good personal hygiene, weight management, stress management, avoiding tobacco, drugs, and the harmful use of alcohol.

Healthy lifestyle is associated with:

- Health awareness
- Work safety
- Living in safe environments
- Good nutrition
- Adequate sleeping patterns
- Physical fitness and regular exercise
- Absence of addiction
- Good Personal hygiene
- Positive social communication

Health promotion is not only about eating healthy food, avoiding junk/fast food, doing exercise daily, maintaining good personal hygiene but the social, environmental, cultural, occupational conditions where one lives & works plays a major role towards health and wellbeing of an individual.

We must have clear understanding of what Health Promotion means for 1/3rd of economically deprived section of our population prior to designing and planning of health promotion strategy

Before giving people advice about health promotion and healthy lifestyles, we must understand their economic situation and social reality to be sensitive to their specific needs and limitation while designing programmes for them.

For an example: Asking the construction workers to exercise daily for 30 minutes is absurd as they are already engaged in active physical work throughout the day. Ensuring they get adequate rest, safe working environment, provision of safe drinking water and sanitation, should be a priority for their health and wellbeing and more importantly adequate wage.

There are wide health gaps between the rich and poor in India, so a single health promotion programme will not fit everybody. Health promotion messages should be adapted to the local needs of the community or taking into account different behaviors, lifestyles, cultural & economical differences.

For an example: Recommending expensive dietary options to those who cannot afford to have even one full meal a day is being insensitive to realities of economically deprived section. However, encouraging people to consume traditional foods that are locally available would meet their nutritional needs without imposing high costs.

Future Role of Voluntary Health Association of India

VHAI has been largely successful in experimenting on ground the various approaches to community based health care programme through its Khoj Project. The Project was implemented in 35 settings all over the country in varied geographic, economic and social locations. Various community based experiments and prolonged advocacy lead to a report on "State of India's Health" which was presented to the then Prime Minister of India- Shri Atal Bihari Vajpayee which lead to launching of National Rural Health Mission (NRHM) by Government of India.

VHAI has done substantial amount of work in the areas of communicable diseases, community health and mother & child health. On NCD related issues, VHAI has done pioneering work on Tobacco Control & School Health but yet to initiate systematic, comprehensive, sustainable programme at large scale throughout the country on other issues related to NCDs. Since VHAI, its state chapters and 4,000 member organization have sufficient knowledge, understanding and experience in implementation of health projects, this should not be a difficult transition. It is also to be kept in mind that rich knowledge and experience in health promotion already exists in many parts of the world from which we can gain substantially without reinventing the wheel.

As Health is a State Subject, our future plans and programmes around NCDs and health promotion need to be shaped on the basis of the ground reality of a particular state as well as enthusiasm and interest of State concerned.

Mission

To make health and wellbeing a reality for people of India and to reduce the burden of NCDs

Core principles

a. Involvement of people in all activities will be cardinal principle

b. Our prime focus will be on promotion, prevention, screening, early diagnosis and treatment

c. Strong persistent advocacy to promote government initiatives on NCDs

d. Campaigning against misleading unhealthy products

e. Utilization of existing active youth forums such as NSS, NCC, Nehru Yuva Kendra, other student associations or clubs to ensure significant outreach of the programme.

f. Developing a strategy based on the local needs as well as strengthening of the community following salutogenic approachtaking into account differing social, cultural and economic systems.

g. Ensuring sustainability of the programme in terms of financial as well as human resources.

h. Building an effective partnership at International, National as well as State level for collective and coordinated response to NCDs

i. Responding to health inequalities and gaps that exist within and between societies

j. Utilization of digital media as an important communication tool

k. Learning from global experiences

l. Action based research

m. Documenting innovations & best practices.

n. No replication/duplication

Approach to Health Promotion

I. Awareness of General Public on NCDs and Health Promotion

II. Health Promotion in School & Colleges

III. Tackling the issues of road traffic accidents/injuries

IV. Advocacy to Combat the Growing Problem of Health Destroying Products

V. To maximize the utilization of strength of the traditional systems of medicine and to strengthen integrated systems of medicine

VI. Promotion of Sports and Active Living

VII. Communication Strategy for NCDs and Health Promotion

VIII. Optimal utilization of health workforce to promote health and wellbeing of the people

IX. Health promotion in work settings

X. Private hospitals & Mohalla Clinics as a platform for Health promotion

Annexure I: Concept of Health Promotion

Health Promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

Health Promotion focus on:

- Keeping people healthy
- Empowering people to make healthy lifestyle choices and
- Motivating them to become better self-managers.

Health promotion differs from Disease prevention

You see a body floating down a river and calls police. Rescue team arrives and recovered the body out and medical team starts resuscitation and immediately takes the victim to the nearby hospital where the doctor's team proudly announces that the highest care is being delivered to deal with the situation. By contrast, health promotion would look at upstream to figure out what are people falling or jumping into the water and correct it.

Importance of Health Promotion

The purpose of health promotion is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health

- Health promotion improves the health status of individuals, families, communities, states, and the nation.
- Health promotion enhances the quality of life for all people.
- Health promotion reduces premature deaths.
- By focusing on prevention, health promotion reduces the costs (both financial and human) that individuals, employers, families, communities, the state and the nation would spend on medical treatment.

Annexure II: VHAI's Role in Health Promotion

I. Awareness of General Public on NCDs and Health Promotion

The rise in prevalence and significance of NCDs is the result of complex interaction between health, economic growth, urbanization and level of knowledge about health and wellbeing. Limited awareness about health and wellbeing, misleading advertisements, easy availability of unhealthy food and products at a reasonable price, inadequate physical activity, all these factors are leading to adoption of unhealthy behavior & lifestyles among the general population. There is a need to create awareness among people about the potential risk factors and health concerns, also to encourage them to adopt healthier lifestyles and go for regular screening for early detection.

Our Agenda

1. Sensitizing, educating and empowering general public about their health and wellbeing
2. Motivating them to adopt healthy lifestyle and food habits through behavior change and communication
3. Helping them to develop health responsible behavior

II. Health Promotion in School & Colleges

Schools and colleges can play a critical role in promoting health and safety of young people and helping them establish lifelong healthy behavior patterns. Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Therefore there is a need to create health oriented climate in schools & colleges so that appropriate ambience is created which is sensitive to the health needs of children and helps to promote their wellbeing.

The purpose of health promotion in schools/colleges is to positively influence the health behavior of students, families, communities as well as the living condition and working conditions that influence health.

Our Methodology for building Health promoting schools

1. To build necessary infrastructure, which promotes health like safe drinking facilities, separate toilets for boys and girls, proper hand washing facilities, playground in the school
2. To create Health Awareness amongst students and teachers like healthy food options, basic information about nutrition, hand-washing, personal hygiene, active living, importance of physical activity, road safety, management of common illness etc.
3. Public health campaign on substance abuse, green campus, road safety, accident and trauma.

4. Create a core group of students/teachers/parents to sustain programme.

5. Evidence based outcome.

III. Tackling the issues of road traffic accidents/injuries

With India reporting as many as 1.34 lakh fatalities in road accidents every year, a vast 70 per cent of them are due to drunken driving. Indian society suffers an estimated economic loss of Rupees 55,000 crores (550,000 m) per year due to road traffic crashes. This is of the same order of magnitude as all the investment in road building and maintenance. A small reduction of ~10% in RTI means savings of about Rupees 5,000 crores a year. This understanding should guide us in policy making for road safety research and safety infrastructure investments. It would be sensible to earmark a fixed percentage of road building funds for road safety activity.

Our Agenda

1. Awareness among the general population with special focus on high-risk age group (15-35 years) about road safety.

2. Advocacy to strengthen strict road safety law and also to ensure its proper implementation and strict enforcement of laws.

3. Media campaigning

IV. Advocacy to Combat the Growing Problem of Health Destroying Products

From last 10 years, VHAI has been proactively involved in political and media advocacy for implementation of strong graphic health warnings, tax increase across all tobacco products, comprehensive implementation of Cigarettes and Other Tobacco Products Act (COTPA) at state and district level.

Success stories of strong persistent advocacy

VHAI's successful campaign to make Indian Cricket tobacco free: VHAI has been advocating for a comprehensive Tobacco Act to stop tobacco companies from misleading advertisement campaigns and sponsoring sports and public events. In 1995, VHAI intensified its anti-tobacco campaign with the Board of Control for Cricket in India and the Government of India, through letters, press releases and policy level lobbying. Finally in 1999, VHAI filed a PIL at the Delhi High Court. Through this petition, a ban was sought by VHAI on the sponsorship of the Indian cricket team by Wills brands of cigarettes manufactured by ITC. VHAI's five years' battle bore fruit in 2001, when ITC voluntarily withdrew sponsorship of the Indian cricket team.

Our Agenda

1. Campaign against misleading advertisement of other health destroying products and food in a similar fashion.

2. Strong persistent advocacy to encourage the government to:

    a. Pass legislation/regulation, which promotes healthy choices and address sales, marketing of unhealthy food especially to children.

    b. Increase tax on unhealthy food products

    c. Provide subsidy on healthy foods like fruits/vegetables

    d. Decrease tax on healthy products like cycles, exercise products

V. To maximize the utilization of strength of the traditional systems of medicine and to strengthen integrated systems of medicine

India can be a world leader in this new emerging field of "Integrative Health Care" because we have over the last century or so assimilated and achieved a reasonable degree of competence in biomedical and life sciences and most importantly we possess an "incredibly rich medical heritage" of our own (AYUSH) which primarily focus on promotive and preventive aspects of healthcare.

Indian households possess knowledge of at least a 100 herbal remedies, non-drug health practices and food and nutrition. Indian homes have the competence to manage common ailments, preventive health practices and healthy ethnic diets. India still has one million community supported traditional health workers viz. mid wives, herbalists, bonesetters and vishavaidyas.

Skewed funding and poor integration denies the public of the advantage of synergy arising out of the richness of India's medical heritage.

To maximize the utilization of traditional systems of medicine, VHAI will be focusing on restoration of non-institutional tiers, which exist at the bottom of the pyramid. These tiers are to be managed, as was the case for centuries, by millions of households and traditional community based health workers.

Our Agenda

1. Restoring and capacity building of traditional health practitioners, folk healers

2. Motivating a new generation of folk healers to replace the older and ageing current generation.

3. Assisting households in retrieving their own knowledge of preventive health practices.

4. Documenting local practices and formulations.

VI. Promotion of Sports and Active Living

In recent times, there is an increasing incidence of chronic diseases due to changing living habits. According to the National Family Health Survey, 13 percent of women and 9 percent of men in India are overweight or obese. Obesity increases the chance of other lifestyle disorders. Death rate due to ischemic heart disease in India is 165.8 per 100,000 population. Around 116.4 per 100, 000 people in India die due to cerebro vascular diseases.

The changed living habits due to increasing job requirement, sedentary lifestyle and competitive living, unhealthy foods are the main culprits coming in the way of golden rules of good living. These are called lifestyle disorders because of the reason that the diseases associated with this are limited to people who adopt unhealthy and inappropriate lifestyles.

Promotion of health lifestyle and sports are an important step to combat the emerging problem of NCDs. The active participation in sports improves community health and productivity, reduces medical expenses, imbibes discipline in character and enhances social cohesion. A comprehensive package of books/ publication has been developed by VHAI to promote physical activity like "Living a healthy lifestyle START TODAY, The Rainbow Tower of Food and Fun. These publications can be used for motivating the people to indulge in appropriate physical activity and to adopt a healthy lifestyle by targeting their specific settings.

Our Agenda

1. Awareness of general population on role of sports and physical activity in preventing major health problems and promoting their wellbeing, also raising awareness about making use of open spaces and parks.

2. Encouraging the Government to formulate the guidelines for physical activity among Indian adults and children including urban planning like safe footpath, cycle trackand increased number of parks.

VII. Communication Strategy for NCDs and Health Promotion

In today's world, our lives are largely influenced by internet, television, social media, mobiles. All these platforms are being used largely by companies producing consumer products including advertisement of health destroying products. There are limited counter media/advertisements, which promote healthy lifestyle and behavior. Media plays a powerful role in formulating lifestyle and behavior especially of young generation. Therefore, we need to develop appropriate tools to ensure that outreach of health promoting messages is widespread.

In India, VHAI is one of the important platforms for developing and creation of health communication materials such as Where There is no Doctor (Million copies sold), Health Promotion in India, Self Care for Health etc. Traditional media such as theatre, street

plays, folk dances etc. were successfully utilized as an important awareness technique. "Films for Change" -Film unit of VHAI: VHAI has developed films and tele serials on various health and social issues. Teleserials- Sheila, Kasba, Telefilms- Anant on HIV/AIDs, Distant Thunder were produced in collaboration with Government of India telecasted by Doordarshan in many regional languages. VHAI has produced Films for WHO for their global conferences- Paths are made by walking and Health in all Policies.

Our Agenda

1 Production of videos/audios/films/app to address the growing problem of NCDs as well as on the importance of healthy lifestyle.

2 To develop a resource centre of existing videos, audios and apps on Health Promotion and NCDs produced in India and abroad, also to ensure there are broadcasted and distributed to the larger section of the general population

3. Adoption of innovative public health campaign programmes such as PHE-Change4life and others to Indian context with their support and guidance

VIII. Optimal utilization of health workforce to promote health and wellbeing of the people

Health workforce is the kingpin in raising general health awareness of people. They should be oriented to provide promotive and preventive health services along with curative treatment.

There are 8,70,000 ASHA workers, who are working at the community level on various health issues, not substantially on NCDs. There is a need to strengthen the capacities of the health workforce such as ASHAs, ANMs, Medical officers, Counsellors to address NCD risk factors

Our Agenda

Orientation and training of Community health workers, Medical Officer on problem of NCDs and preventive as well as promotive aspects of health services along with Government and NHSRC

IX. Health promotion in work settings

A large section of India's population is involved in organized and unorganized labour sector. Healthier workforce is more productive, and being recognized as an employer that takes the health and wellbeing of employees seriously reflects positively on the reputation and culture of any organization. For nations, the development of a health-promoting work place will be a pre-requisite for sustainable social and economic development.

We will be focusing on both organized as well as unorganized work sector

Our methodology to promote health in organized sector

- Ensure infrastructure at workplace is promoting the health of employees like adequate and comfortable working environment, safety equipment etc.
- Creating awareness among the employees/workers through special lectures about importance of healthy lifestyle, active living, harmful effects of smoking, alcohol and junk food.
- Ensuring workplace should be "Tobacco free:"
- Availability and accessibility of healthy food options in cafeterias or vending machines.

In unorganized sector

1. Ensuring there is proper provision of safety equipment for workers.
2. Ensuring the provision of safe drinking water at the site.
3. Creating awareness among the workers about the personal hygiene including hand washing, safe drinking water and sanitation, adequate nutrition etc.
4. Ensuring the safety of their children while they are working through government run mobile crèche services.

X. Private hospitals & Mohalla Clinics as a platform for Health promotion

Private sector is providing majority of secondary, tertiary, quaternary health services in metro cities, tier 1 and tier 2 cities. Mohalla Clinics, an initiative by Delhi Government aims to provide basic healthcare to the economically deprived section of the community in Delhi. These clinics are built in slum clusters and poorer neighborhoods in outlying areas of Delhi, which will also ease the burden on over-crowded hospitals.

Our Agenda

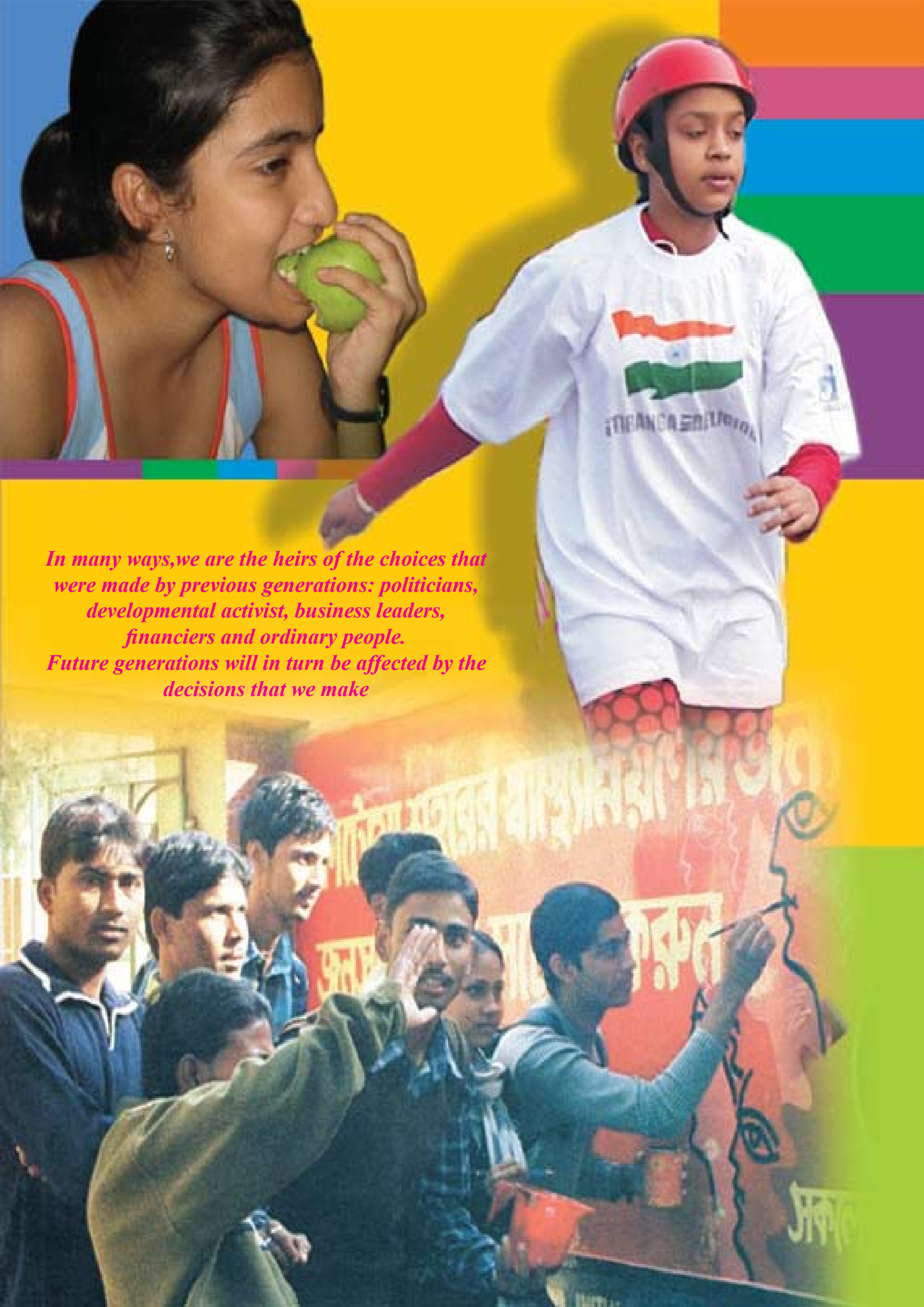
Encouraging the private health care sector to provide promotive services to the patients as well as their families along with secondary and tertiary care.

Motivating Mohalla clinics to provide basic knowledge to the patients and their families on health promotion.

This document is compiled by Alok Mukhopadhyay and

Dr. Nancepreet Kaur, guided by Bhavna B Mukhopadhyay,

Dr. B S Garg, Maurice Mittelmark and Desmond O'Byrne.



In many ways,we are the heirs of the choices that were made by previous generations: politicians, developmental activist, business leaders, financiers and ordinary people.
Future generations will in turn be affected by the decisions that we make