10 YEARS OF PHFI

YOUR GUIDANCE CREATED THIS

PUBLIC HEALTH FOUNDATION OF INDIA

“It is health that is real wealth and not pieces of gold and silver.”

—MAHATMA GANDHI

“Health is not everything, but without health, everything is nothing.”

—ARTHUR SCHOPENHAUER

PHFI: WORKING TOWARDS A HEALTHIER INDIA

Photo Credit: Pranab Aich

CONTENTS

FROM THE PRESIDENT'S PEN

Ten years in the lifetime of a new institution is a time for celebration as well as introspection. It is also a time to thank all those who have provided immense strength through inspirational mentorship, astute guidance, immaculate governance and generous financial support. This profile of PHFI's progress aims to do all of these by tracing the journey since the organisation's birth in March 2006 and highlighting some of the notable accomplishments over an eventful decade of growth. It is not a detailed technical report of all activities but provides vignettes of impactful initiatives that are assisting the transformation of India's public health.

PHFI was born at a time of great confidence in India's soaring economic growth but also of great concern about the appallingly poor health indicators that were utterly incongruous with the image of a rapidly developing country. Apart from high rates of infant, child and maternal mortality, as well as shockingly high levels of child undernutrition and adolescent anaemia, a multitude of infectious diseases extracted a high toll of avoidable deaths and disability. Those

who survived these threats faced the mounting menace of non-communicable diseases like cardiovascular disorders, diabetes, cancers, chronic respiratory diseases and mental illness. Personal health, family fortunes and national productivity- all fell prey to diseases that could have prevented or detected early for effective control. The response of a poorly configured and seriously under resourced health system, to these complex challenges was feeble and uncoordinated. Policies and programmes in other sectors, which profoundly impact on health, were not sensitive or aligned to public health goals. India's embarrassingly low position, in the global listings of Human Development Index, was due to neglect of health and education at the population level, despite islands of excellence in tertiary medical care or higher professional education.

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One of the key reasons for the poor performance in health, was the failure to establish institutions which could advance public health education and research into transformational policy and practice. Medical colleges did not measure up to the task of providing multi-disciplinary and health system connected education in public health. Lack of public health expertise adversely affected policy development, programme design, delivery and evaluation as well as the development of problem solving innovations. A national consultation, convened by the Union Ministry of Health and Family Welfare in September 2004, recommended the creation of a foundation which could rapidly advance public health education, training, research and advocacy. PHFI was born as a result, as a unique public – private initiative representing a new kind of PPP (Partnership for a

Trans- disciplinary learning and multi -sectoral application form the double helix of PHFI's DNA

Public Purpose). Trans- disciplinary learning and multi - sectoral application form the double helix of PHFI's DNA.

Over the past decade, PHFI has established five Indian Institutes of Public Health (four in active motion and a fifth in infancy). It is a conducting a wide array of post-graduate degree and diploma programmes, on campus and by distance education, both under its umbrella and in partnership with other academic institutions. It has assembled a technical talent pool of over 600- inclusive of faculty and dedicated researchers. Apart from sending out over 100 young faculty for training in public health in some of the best public health schools in the world, PHFI has succeeded in attracting talented diaspora from world over. Our faculty are sought after, as visiting or adjunct faculty, by leading global public health schools. A variety of diploma, MPH and MSc-PhD courses are offered by the IIPHs, through a mix of campus and distance education programmes. The diploma in public health management is linked to the National Health Mission and has trained a large number of deputed medical officers from states across the country. A variety of short term trainings are on offer, as are certificate courses for primary care physicians.

PHFI has also built up an impressive portfolio of research and implementation projects, funded by reputed national and international agencies through competitive grants. With over 1600 publications in scientific journals and an average impact factor of 5.3, PHFI has established a creditable track record in research and has been so recognised by the Department of Scientific and Industrial Research. More important, the research is providing useful inputs to India's health policy and programmes in many areas of public health importance. Four funded centres of excellence in chronic diseases, disabilities, equity and social determinants and environmental health are leading applied research projects and capacity development in those areas.

Technical assistance is also being provided to central and state governments for health system strengthening. Areas of such engagement include

HIV prevention, routine immunisation, allied health professional training, universal coverage, health accounts and budgeting, access to drugs, antibiotic resistance, tobacco control, environmental health, health workforce planning and public health cadre development.

Technologies for affordable health care have been developed by PHFI and are now being evaluated in field studies. *Swasthya Slate* is now being used by auxiliary nurse midwives in six districts of Jammu and Kashmir, under the National Health Mission and in the first *Mohalla Clinic* of the Delhi government. As m-health and tablet based decision support systems are being evaluated by our researchers in primary health care settings of several states for hypertension and diabetes management, drones have been developed by our students for delivery of drugs for treatment of tuberculosis.

At the global level too, faculty and researchers are actively contributing to many initiatives, expert groups and commissions such as Agriculture and Food Systems for Nutrition, Global Burden of Disease Study, WHO Commission on Ending Child Obesity, Lancet Commissions on Health Professional Education, Mental Health, Investing in Health, Palliative Care and Obesity as well global panels on Antibiotic Resistance. International conferences have been convened by PHFI on maternal health, antibiotic resistance, endgame for tobacco, global youth meet on health, health in sustainable development and new directions for public health education.

These ten years have been a period of rapid growth and intense activity on many fronts. There have been several challenges as well, the foremost being the delay in securing university status or university affiliation for degree courses and the financial cost of constructing multiple campuses. However, the growing PHFI family has risen above these to deliver many valuable contributions to national and global health. For enabling us to do this, we owe a huge debt of gratitude to the Government of India, State Government Partners, our Board led by our visionary Chair Shri NR Narayana Murthy, our supportive donors, thoughtful technical advisors, and the many esteemed Indian and international academic partners. We look forward to their continued guidance and support as we move in to the next decade of PHFI's life with renewed commitment to the mandate of raising India's health to the best global standards.

Professor K. Srinath Reddy
President, PUBLIC HEALTH FOUNDATION OF INDIA

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Membership as on October 16, 2015, post the 2015 Annual General Meeting

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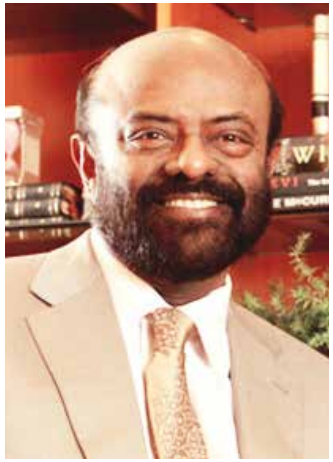

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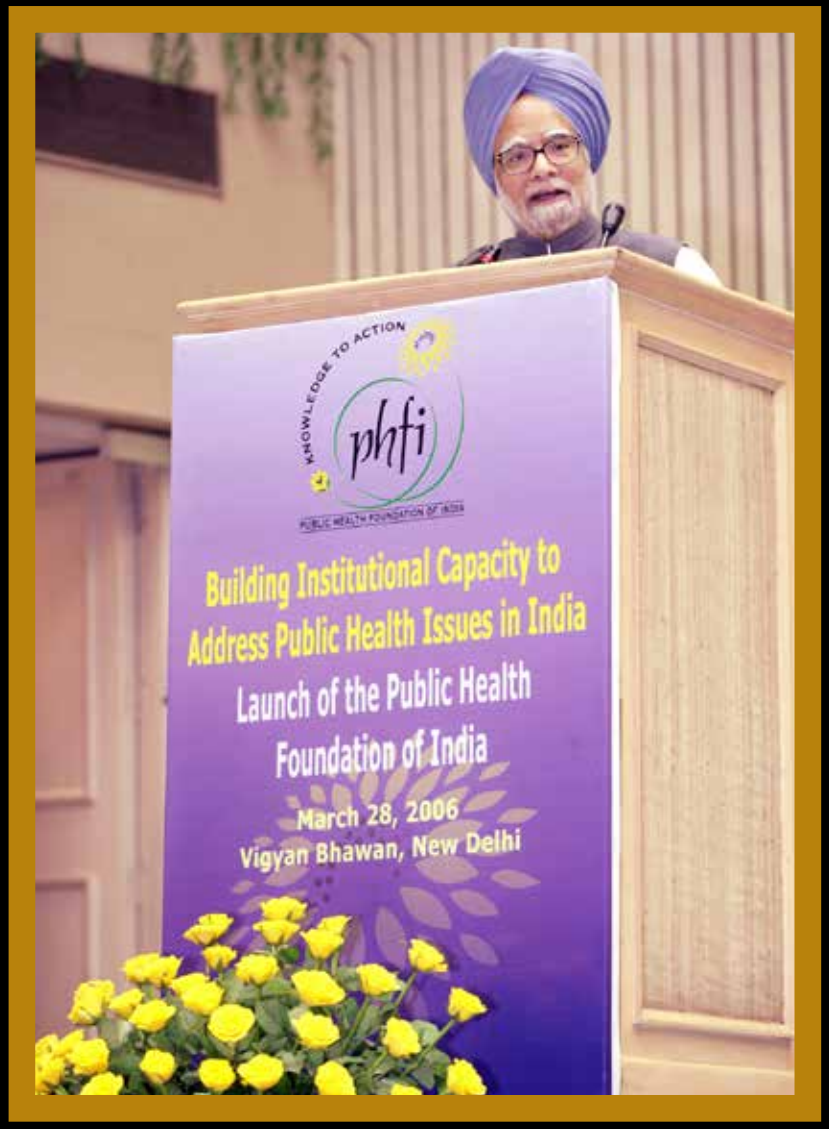

Dr Manmohan Singh at the launch of PHFI. *Photo credit: PHFI*

"The setting up of the Public Health Foundation of India presents a unique opportunity to develop innovative models of public-private partnership in major social sector programmes. Such partnership can help blend the commitment of government with the operational efficiency of not-for-profit private groups."

—Dr Manmohan Singh

1

THE GENESIS

THE MAKING OF PUBLIC HEALTH IN INDIA

ASHA worker using a tablet to counsel a woman on child health. *Photo Credit: PHFI*

A country's prosperity rides on the health of its population. Today, the foremost challenge confronting India is improving its performance on health indicators. Beyond these numbers which represent national averages, there is a human dimension to public health – all sections of India's population need to be assured of accessible, affordable, and effective health services. It is also important to envision health as extending beyond illness care to disease prevention and wellness promotion. Health care reforms, in the last decade, experienced a paradigm shift from an exclusive focus on clinical medicine to a concerted public health response, thereby making provision for health promotion, disease prevention, and affordable diagnostic and therapeutic health care for all. Central to this shift has been the growth of public health — a multi-disciplinary academic stream and a multi-sectoral implementation pathway.

Public Health as a formal discipline should ideally integrate streams of knowledge from diverse disciplines, bringing together learnings and perspectives from life sciences (especially human biology), quantitative sciences (such as epidemiology, biostatistics and demography), social and behavioural sciences (including economics, sociology, anthropology and communication), political science, humanities (especially human rights and ethics), and elements of management. While the specific applications of such knowledge would vary across medicine and public health, a broad array of disciplines must inform and influence the totality of their precept and practice to advance global health. This holistic approach, at the moment was grossly underdeveloped in independent India. This is impeding policy coherence as well as access to quality health services.

Due to an insufficiently developed institutional capacity for public health education, inadequate availability of well-rounded public health experts has seriously incapacitated public health policy and research. The numbers of graduates from existing health schools are insufficient to fulfil the need for trained health professionals. The resultant shortfall of professionals with inter-disciplinary orientation, relevant knowledge and skill-sets has inhibited broader understanding of health issues as well as hindered opportunities for multi-sectoral public health action. Several expert committees set up by the Government of India have recommended the need for establishing institutes of public health. However, no specific action was initiated to implement these recommendations till 2006.

As a response to these urgent and well-acknowledged needs of India and the entire South Asia region, the Public Health Foundation of India (PHFI) was established as a large-scale, autonomous, public-private initiative in March 2006. In the inception of this institution lies the intent to build broadband public health capacity, and a commitment to meet the short supply of health professionals for a sustained response to major public health concerns.

PHFI researchers in the lab. *Photo credit: PHFI*
A male health worker providing health information in the community. *Photo credit: PHFI*


n, Gandhinagar
RA MO
Gujarat
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“Institutions have a catalytic role to play and can bring a transformational change. We need to think scientifically about public health. Along with medical doctors, we need to develop in parallel the health management faculty so that we build health systems and institutions that can address problems effectively.”

— NARENDRA MODI

Science Discovers
Technology Develops
Public Health Delivers

Delhi NCR office of the Public Health Foundation of India
and the Indian Institute of Public Health (IIPH D)

BUILDING OF A THINK TANK, ACADEMIC AND RESEARCH INSTITUTION

Over the past decade, PHFI has begun to play a transformative role in India's public health environment. In doing so, it engages a wide array of stakeholders who include central and state governments, national and international donors, civil society, academic and research institutions and the communities that PHFI works with.

By helping to create a strong ecosystem that acts at multiple levels, PHFI is working to break barriers that are impeding India's public health performance. The dispersed location of the IIPHs as well as wide ranging partnerships across the country, enable PHFI to address these challenges in a contextually appropriate manner, within a binding national ethos of sound public health values.

Dialogues with policy makers, civil society and academics are set-up on a multitude of areas in public health, ranging from tobacco control to what are women's requirements in delivery of maternal health services, with the consultations extending from the grassroots to the national level.

In its journey over the last ten years, PHFI has built a knowledge base and created cross-learning platforms, while growing an organisation imbued with commitment towards public good. While PHFI's educational programmes advance the precept and practice of public health in a multi – disciplinary framework, its agenda of policy and programme relevant research is bridging critical knowledge gaps and advancing implementation

OUR VISION, MISSION AND VALUES

VISION

Our vision is to strengthen India's public health institutional and systems capability and provide knowledge to achieve better health outcomes for all

MISSION

- Developing the public health workforce and setting standards
- Advancing public health research and technology
- Strengthening knowledge application and evidence-informed public health practice and policy

VALUES

Transparency

- Uphold the trust of our multiple stakeholders and supporters
- Honest, open and ethical in all we do, acting always with integrity

Impact

- Link efforts to improving public health outcomes, knowledge to action
- Responsive to existing and emerging public health priorities

Informed

- Knowledge based, evidence driven approach in all we do
- Drawing on diverse and multi-disciplinary expertise, open to innovative approaches

Excellence

- Aim for highest standards in all aspects of our work
- Encourage, recognise and celebrate our achievements

Independence

- Independent view & voice, based on research integrity & excellence
- Support academic and research freedom, contributing to public health goals and interests

Inclusiveness

- Strive for equitable and sustainable development, working with communities
- Collaborate and partner with other public health organisations

From PHFI's Yoga - CaRe trial, a yoga based cardiac rehabilitation programme. *Photo Credit: Chandrashekhar/PHFI*

OUR JOURNEY

2006

Launch of Public Health Foundation of India

2007

Bhoomi Pujan for permanent campus of IIPH – Gandhinagar

2008

Establishment of IIPHs – Gandhinagar and Hyderabad

Launch of PGDPHM for National Health Mission

2009

Establishment of IIPH – Delhi

Launch of Diploma Programmes (Health Economics and Bio Statistics)

2010

Establishment of IIPH – Bhubaneswar

2011

Distance Learning Education Programmes Launched

PHFI registered as a Scientific and Industrial Research Organisation (SIRO), by Department of Scientific and Industrial Research, Government of India

OVER 10 YEARS

2012

PHFI accorded status of a Nodal Centre of the Alliance for Health Policy and Systems Research (WHO)

2013

Launch of Integrated MSc & PhD in Health Informatics and Clinical Research

2014

International Diabetes Federation awards Certificate of Excellence to PHFI's primary care training programme

'Swasthya Slate' (the electronic tablet for point-of-care diagnostics, introduced for RMNCH+A implementation in J&K by National Health Mission

2015

Launch of MPH programme at IIPH – Gandhinagar and Hyderabad

IIPH – Gandhinagar accorded University Status under the State Act

Establishment of Indian Institute of Public Health – Shillong

Bhoomi Pujan of Permanent campus of IIPH – Hyderabad

2016

Launch of Permanent campus of IIPH – Gandhinagar

Launch of MPH programme through affiliation between IIPH - Delhi and Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum

“Alone we can do so little;
together we can do so much.”

—HELEN KELLER

Women's self help group meeting session on family health, PHFI's U.P. project. *Photo credit: PHFI*

Women from a community in Assam make their way to attend Village and Nutrition Day events. *Photo credit: Pranab Aich /ITSU*

2

THE JOURNEY

PHFI IS CATALYSING CHANGE BY:

- **Building a trained public health workforce** through world-class, India relevant educational courses and training programmes
- **Supporting improvement of core public health programmes** such as Immunisation; HIV/AIDS prevention; Allied Health workforce capacity building through technical assistance (as Technical Support Units) to Government of India and to the state governments
- **Implementing public health projects** across a wide range of areas such as Maternal and Child Health, Infectious disease surveillance and control and Chronic Diseases Prevention and Control
- **Promoting policy and programme relevant research** by filling critical information gaps, conducting health impact assessment and evaluating innovations for improving the outreach and effectiveness of health systems.
- **Supporting policy development and launching advocacy initiatives** for: advancing agenda of Universal Health Coverage; action against air pollution and its health effects; public health cadres, at state level; tobacco control.

Addressing the shortage of trained public health professionals and workers

Providing world class, India relevant programs - degree (Masters in Public Health), diploma (Public Health Management), certificate and online courses - offered by 4 Indian Institutes of Public Health at Gandhinagar, Hyderabad, Delhi NCR and Bhubaneswar. Over 1000 plus graduates, 17,000 plus trained through short term programs, and over 1300 plus through distance learning.

Improving Immunisation Coverage Rate among children

Through Immunisation Technical Support Unit (ITSU), PHFI is helping MoHFW in the expansion of immunisation coverage, improvement of quality, and introduction of new vaccines. PHFI has extended support to 'Mission Indradhanush' for targeted increase from 65% to 90% rate of coverage of full immunization among children.

Helping prevention and control of HIV/ AIDS in India

Supporting National AIDS Control Organisation (NACO) as Technical Support Unit for stronger program implementation, monitoring and evaluation. Through another USAID supported program, helping scale up targeted Interventions (50% increase), quality of reporting, and communication programs for increased awareness and better participation of private sector organisations.

Introducing Affordable Technologies - 'Swasthya Slate' for primary health care in rural communities

PHFI developed the 'Swasthya Slate', a unique tablet based, affordable and portable diagnostic platform for use by health workers in rural and/or remote areas of the National Health Mission. Deployed in J&K under RMNCH+A program, it has registered nearly 20,000 pregnant women, and has reported improved turnaround time for antenatal tests from 14 days down to 40 minutes.

Improving family health through Self Help Groups (SHGs) led behaviour change program in rural communities

PHFI has provided technical support for introduction of maternal and neonatal health interventions through 50,000+ SHGs in 100 talukas (blocks) of Uttar Pradesh. The use of community platforms has led to an increased uptake of several health mediations in SHG households. This model has the potential for replicability across other SHGs in the country.

Community worker in a session with young women on HIV / AIDS awareness in Maharashtra. *Photo Credit: PIPSSE project*

Responding to Climate Change - Developing City (Ahmedabad) Heat Action Plan

IIPH - Gandhinagar developed South Asia's first city based Heat Action Plan (HAP) that was implemented in Ahmedabad. Subsequent to its execution, mortality during heat wave reduced by 30%. The Heat Action Plan is now being scaled up in Maharashtra, Odisha, and Telangana, and is gaining attention at global forums, including the COP 2015 event in Paris where it was displayed in the India pavilion.

Preventing avoidable blindness among adults and children

PHFI is coordinating programmes aimed at preventing avoidable blindness due to Diabetic Retinopathy (affecting adults, causing significant disability) and Retinopathy of Prematurity (affecting pre-term babies and rendering them blind for life). This program, in partnership with leading eye care organizations, is being run across several states in association with MoHFW and is supported by Queen Elizabeth Diamond Jubilee Trust of UK.

PHFI is also

- Driving action through research and advocacy against Air Pollution and its adverse health effects
- Advancing agenda of Universal Health Coverage in India
- Training and developing capacity of Primary Care Physicians in detection and care of chronic conditions
- Advancing health policy through research on health financing, access to drugs and health workforce availability and performance.

A mother and her children post vaccination in tribal Odisha. *Photo Credit: Pranab Aich / ITSU*

“He who has health has hope,
and he who has hope
has everything.”

—ARABIAN PROVERB

Community orientation on water testing in West Bengal: From PHFI documented public health case studies across India.
Photo credit: PHFI

3

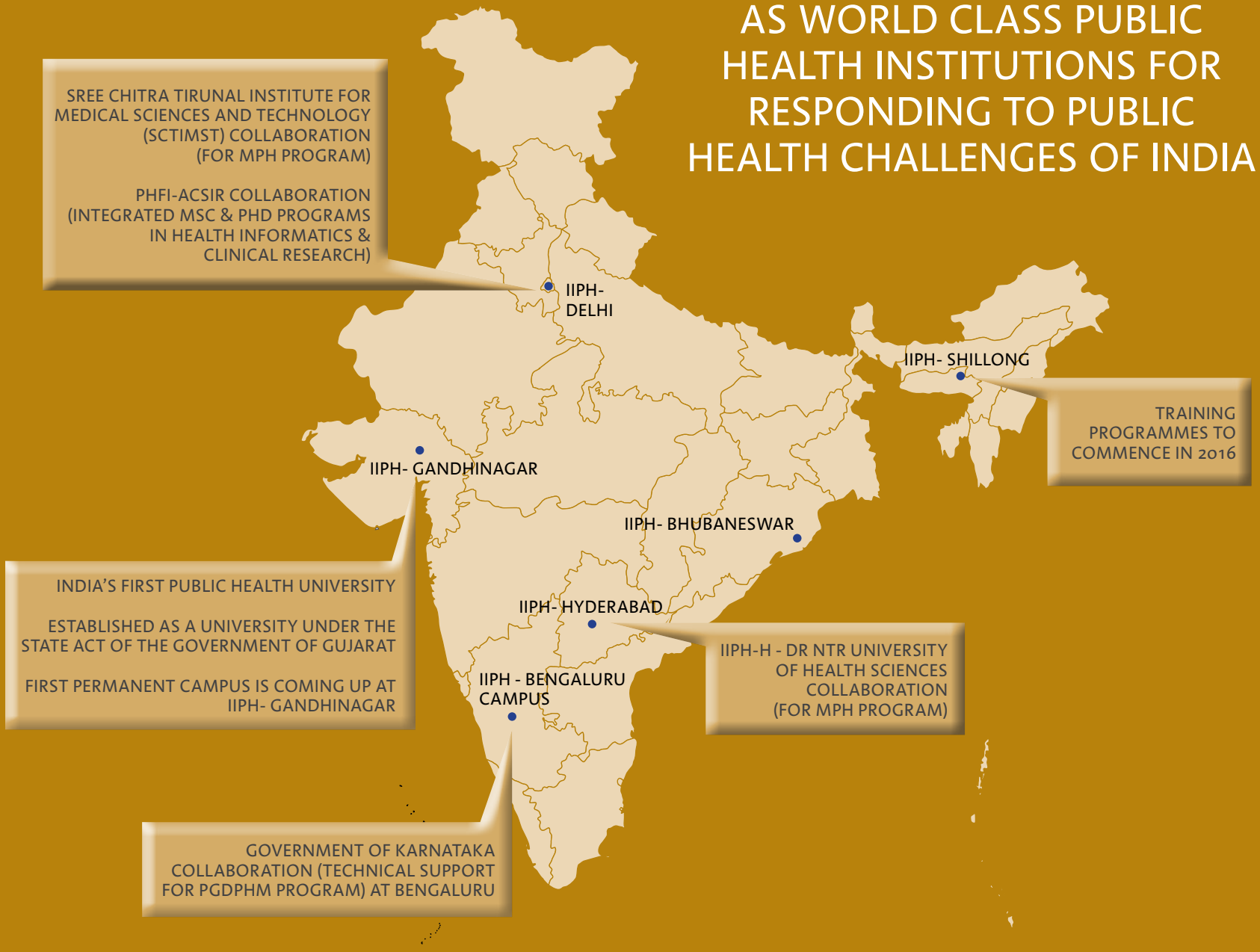
SCALING UP PUBLIC HEALTH EDUCATION & SKILLS

BUILDING INDIAN INSTITUTES OF PUBLIC HEALTH FOR DEVELOPING PUBLIC HEALTH WORKFORCE

At the time of its launch in 2006, PHFI had set out a Charter that focused on institutional capacity-building to strengthen education, training, research and policy development in public health across India. Our sustained vision has also been to strengthen India's public health institutional and systems capability, and to apply knowledge to achieve better health outcomes for all sections of people

PHFI has set up five Indian Institutes of Public Health (IIPHs) in Gandhinagar, Delhi NCR, Hyderabad, Bhubaneshwar and Shillong. The IIPHs are envisioned as world class public health institutions capable of responding to public health challenges of the state, region, and the country. Working as an interlinked network, the IIPHs function as vibrant hubs for public health education, training, research and practice with a strong health system connect. The IIPHs are set up in partnership with the respective state governments. These state-level institutions function with active support and guidance from the respective state governments. A fully-empowered, independent Governing Council, with eminent persons from academia, representatives from governments, civil society, philanthropies, and professional organisations, was constituted to provide strategic guidance and oversight to PHFI. Each IIPH also has a similarly constituted Advisory Council in each of the states. The representative nature of such a broad based public-private partnership governs PHFI and the IIPHs. This permits operational autonomy, while allowing benefits of governmental guidance and civil society scrutiny.

IIPHs ARE ENVISIONED AS WORLD CLASS PUBLIC HEALTH INSTITUTIONS FOR RESPONDING TO PUBLIC HEALTH CHALLENGES OF INDIA



Honourable Prime Minister Shri Narendra Modi (then Chief Minister of Gujarat) speaking at the Bhoomi Pujan of the IIPH - Gandhinagar campus in 2007.

"Today, I am proud to say that on the land of Gujarat, a great dream is being born. This building, this land, the walls are not going to enhance the name of the institution, but it shall be the development of people within this building (IIPHG Campus) who will become the guarantors for the future of India's health. Friends, we are dreaming big and making an important effort to sow the seeds for a healthy future for India. I believe this will result in significant change,"

—Shri Narendra Modi
(in 2007)

PHFI undertakes training in the following areas: Health Systems • Chronic Diseases and Injuries Infectious Diseases • Public Health Nutrition Tobacco Control • Women & Child Health

At PHFI and the IIPHs, we have a dedicated multi-disciplinary faculty of over 75 qualified and competent members from diverse backgrounds who bring best in class knowledge and expertise to our public health programmes. PHFI and the IIPHs have strong faculty development programmes, with support from highly reputed global institutions of public health learning that bring in the latest knowledge and collaborations which can be put to use in the Indian context. PHFI's multi-disciplinary faculty includes demographers, epidemiologists, health systems experts, social and behavioural scientists, nutritionists, biostatisticians, and health economists.

INDIAN INSTITUTES OF PUBLIC HEALTH (IIPHs)

INDIAN INSTITUTE OF PUBLIC HEALTH - GANDHINAGAR (IIPH-G) UNIVERSITY, GUJARAT

The Government of Gujarat and PHFI entered into a Memorandum of Understanding in 2007 to establish IIPH-G. Under this MoU, the Government of Gujarat allocated 50 acres of land and agreed to share a part of the project cost. The foundation stone for IIPH-G was laid in the year 2007 by the present Honourable Prime Minister of India, Shri Narendra Modi (then Honourable Chief Minister of Gujarat). In 2015, IIPH-G was recognized as India's first public health university through an Act passed by the Government of Gujarat.

The first permanent campus is coming up at IIPH-Gandhinagar, in partnership with Gujarat Government and will open in 2016. The institute launched its first Master in Public Health (MPH) Programme in 2015 and will initiate Ph.D programme in 2016.

Apart from imparting public health practice relevant professional education (such as Post Graduate Diploma in Public Health Management and short term training to students from various parts of India), IIPH-G also provides research-based health policy support to the Government of Gujarat. The Institute's activities have received funding support from the National Rural Health Mission (NRHM) of the Ministry of Health and Family Welfare, the Medical Council of India, the Council of Scientific Innovation and Research, the National Bank for Agriculture & Rural Development, the Karolinska Institute and the Natural Resources Defense Council, among others. IIPH-G faculty members are involved in research projects in maternal and child health, disease surveillance, nutrition, microfinance, monitoring health programs and advocacy, heat stress and health effects of climate change. IIPHG has also launched an occupational health program, the 'Associate Fellow in Industrial Health' which is recognised by the Directorate General, Factory Advice Services & Labour Institutes, Ministry of Labour & Employment, Government of India.

ABOVE IIPH Gandhinagar campus under contruction

LEFT Representative picture of IIPH Gandhinagar, India's first public health university

INDIAN INSTITUTE OF PUBLIC HEALTH - HYDERABAD (IIPH-H), TELANGANA AND ANDHRA PRADESH

Responding to the invitation issued by the State government on the very day PHFI was launched in 2006; IIPH-H became functional in July 2008 and launched a diploma programme in Biostatistics and Data Management. IIPH-H works in close collaboration with the State Governments of Telangana and Andhra Pradesh to provide technical support, to generate evidence for planning, and to participate in programmes to augment public health capacity in the state. IIPH - Hyderabad is supporting the Government through capacity building of Medical Officers and

Representative picture of IIPH - Hyderabad.

programme managers in public health management, biostatistics and data management. The institute also works closely with the Government of Karnataka and has a campus in Bangalore, where training is conducted for health personnel deputed by the State Government. The institute also undertakes trainings in cross-cutting areas like epidemiology, biostatistics, behavioural sciences, health economics, health services management, environmental health, health inequities and human rights, gender and health, health communication and the ethics of health care.
The flagship courses of IIPH-H are the Masters in Public Health (offered in collaboration with University of Hyderabad), Integrated MSc and PhD in Health Informatics, Post Graduate Diplomas in Public Health Management and in Biostatistics and Data Management. Short-term courses include training in research methods, statistics, disease surveillance, disability, and change management. In addition, IIPH-H assists in the implementation of national programs, such as the National Rural Health Mission as well as state and regional public health initiatives. Its activities receive support from Indian Council for Medical Research, National Health & Medical Research Council of Australia, Engineering & Physical Sciences Research Council of UK, Wellcome Trust, The Queen Elizabeth Diamond Jubilee Trust, UNICEF, DST, WHO, CBM and Sightsavers. The Indian Institute of Public Health, Hyderabad (IIPHH) and Dr. NTR University of Health Sciences, Vijayawada, Andhra Pradesh, in an exclusive agreement, announced admissions to a specialised Masters in Public Health (MPH) in 2015. The course commenced in December 2015.

In February 2015, Shri K Chandrashekar Rao, Honourable Chief Minister of Telangana State performed the auspicious Bhoomi Puja for the construction of the permanent campus of the Indian Institute of Public Health - Hyderabad (IIPH-H), PHFI's southern regional campus at Rajendranagar, Rangareddy District, Telangana State.

INDIAN INSTITUTE OF PUBLIC HEALTH - (IIPH-D), DELHI-NCR

The Indian Institute of Public Health-Delhi (IIPH-Delhi) commenced operations in November 2008 with launch of the Post Graduate Diplomas in Health Economics, Health Care Financing, and Health Policy Program targeted at mid-career health professionals. Since then, the institute has also expanded its activities in distance learning, training, research, advocacy and policy support in different areas of public health.

the state. Faculty members at IIPH-B are among the common pool of PHFI training division for providing trainers to facilitate various workshops and training programs.

IIPH-B currently trains government doctors from Odisha and Chhattisgarh and self-sponsored candidates through its PG Diploma in Public Health Management. With the aim of creating a framework for a Centre for Tribal Health and UHC, IIPH-B has established important linkages with the largest residential tribal centre in Bhubaneshwar, which is a part of Kalinga Institute of Social Study and houses over 15,000 students from tribal districts of eastern India.

INDIAN INSTITUTE OF PUBLIC HEALTH - SHILLONG (IIPH-S), MEGHALAYA

IIPH-S commenced its operations from 2015 as the fifth institute of the IIPH network. The IIPH in Shillong has been established to redress the limited institutional and systems capacity in the area of public health in the northeast region of India which is largely populated by indigenous peoples, with over 160 Scheduled Tribes (STs). Established in collaboration with the Government of Meghalaya (GoM), IIPH-S will serve the entire North-East region as its primary focus while being national in character and remain actively linked with other IIPHs. Currently, the institution has started functioning from an interim campus in central Shillong, at a facility made available by the Government of Meghalaya. A permanent campus is planned, for which GoM has provided 22.3 acres of land in Mawdiangdiang, New Shillong.

ABOVE IIPH - Shillong Campus
RIGHT IIPH - Bhubaneswar Campus

IIPH-D offers Post Graduate Diplomas in Public Health Management; Integrated MSc and PhD in Clinical Research, as well as Post Graduate Diploma and Certificate Courses through distance education in Public Health Nutrition and Epidemiology, among other courses. It also conducts short-term training programs and workshops in fields related to public health. IIPH-D's research extends across the domains of acute and chronic diseases, tobacco control, nutrition, maternal and child health, health systems and health policy. Its activities have received funding support from the Ministry of Health and Family Welfare, Department of AYUSH, the Indian Council of Medical Research, the Central Council for Research in Unani Medicine, the Department of Science & Technology, the Medical Council of India, the United Nations Children's Fund, and the World Health Organisation, among others.

In January 2016, IIPH – Delhi and Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST), Trivandrum (an Institute of National Importance under the Department of Science and Technology, Govt. of India), signed a formal Memorandum of Understanding (MoU) for offering Master of Public Health (MPH) programme at the Indian Institute of Public Health–Delhi. The programme will be launched by IIPH – Delhi in 2016.

INDIAN INSTITUTE OF PUBLIC HEALTH - BHUBANESWAR (IIPH-B), ODISHA

IIPH-B commenced its academic activities from August 2010. A key objective of the Institute has been to implement the vision of PHFI by linking public health advocacy, teaching, research, and practice. IIPH-Bhubaneswar is closely working with the Government of Odisha in providing technical inputs and support to strengthen the public health delivery system and to facilitate development of a public health cadre in

Health Literacy session on nutrition in Uttar Pradesh. *Photo Credit: Ajay Singh, PHFI*

4

ACTION ORIENTED PUBLIC HEALTH EDUCATION & TRAINING

Multi-disciplinary, competency-driven curriculum, health systems connectivity, innovative pedagogy are our watermark

Capacity building in public health is the primary mandate of PHFI. Besides the ongoing formal academic courses, PHFI also addresses the need for conducting short term courses and/or in-service training on various areas of topical importance in public health.

Launching their first teaching programme in 2008-09 with a Post Graduate Diploma in Public Health Management (PGDPHM), the IIPHs now offer two Masters of Public Health (MPH) programmes, one at IIPH-Gandhinagar University (a university under the State Act) and the another at IIPH-Hyderabad (in collaboration with NTR University of Health Sciences, Andhra Pradesh). Apart from MPH, three post-graduate diploma courses offered on campus. The PGDPHM evolved in partnership with other academic institutions in India under the aegis of the National Rural Health Mission (NRHM), currently

called the National Health Mission of the Ministry of Health and Family Welfare (MoHFW), Government of India.

PHFI's academic partnerships exist across India for the on - campus and distance learning programmes. These include the PGDPHM Consortium (PHFI provides leadership to a consortium of 10 institutes offering PGDPHM program supported by MoHFW, GoI) The partnership also includes IIPH-Hyderabad & Government of Karnataka Collaboration (technical support for PGDPHM program); PHFI-AcSIR Collaboration (Integrated MSc & PhD programs in Health Informatics & Clinical Research); IIPH-H - Dr NTR University of Health Sciences Collaboration (for MPH program), IIPH-Delhi - Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) Collaboration (for MPH program). An Academic Advisory Committee, comprising external experts provides guidance. It is presently chaired by Prof. Abraham Joseph, former Dean of Christian Medical College, Vellore.

The Placement Cell at PHFI has enabled the students, subsequent to the completion of their programmes opportunities for employment in the development sector - NGOs/ INGOs/and CSR divisions in corporates - hospitals, clinical research organisations, academic institutes, government organisations, research organisations, public health programmes and other organisations of relevance.

The Training Division at PHFI was established in 2008 with the goal of meeting short term training needs of public health practitioners and professionals of health and allied sectors in India. PHFI has, since then, conducted several training programmes customised to cater to the identified needs of health service personnel from different states, young health researchers, physicians in practice, and national health programme managers and consultants.

PHFI also conducts training programmes for primary health care physicians with the objective of enhancing their core skills and competencies in the areas of evidence based diabetes management, Gestational Diabetes Mellitus, Diabetes Retinopathy, Prevention and Management of Diabetes and Cardiovascular Disease and Management of Thyroid Disorders.

ACADEMIC PROGRAMMES

Two Masters programmes in Public Health and three on-campus Diploma programmes with PG Diploma in Public Health Management (NRHM linked) as flagship programme

Two Degree (Integrated MSc-PhD) courses in partnership with Academy of Scientific & Innovative Research (AcSIR)

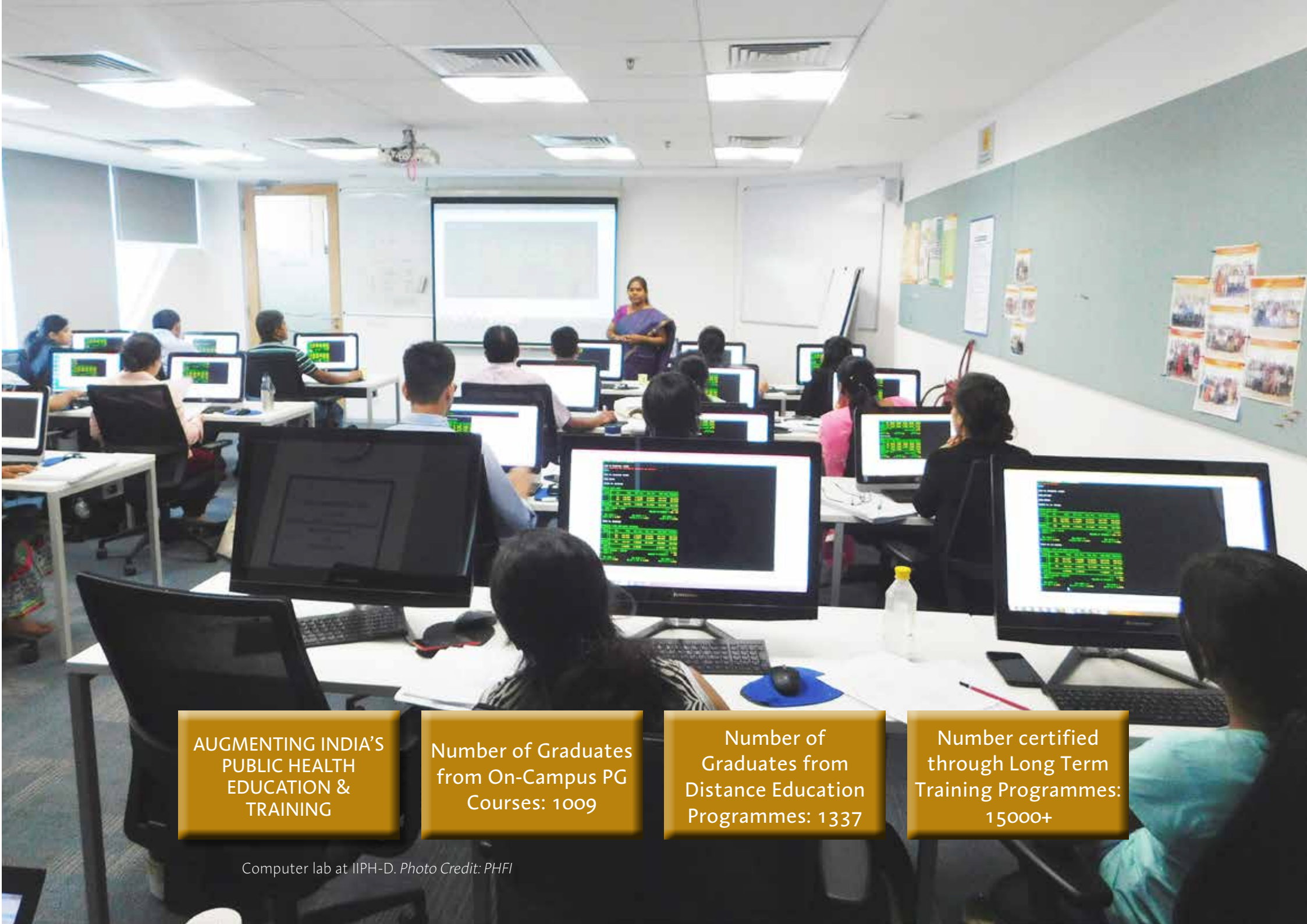
16 Distance Learning programmes and 50 plus short term competency development programmes being delivered

Joint MPH programme launched in 2015 with University of Hyderabad and University of Gujarat

1000 plus public health professionals have graduated from on campus programmes (65% sponsored by state governments), 17,000 plus participants trained in short term programmes and over 1300 through distance learning and scaling up rapidly (figures since 2008)

120 plus multi-disciplinary faculty pool (core and adjunct); largest in one institution in India

97% placements of students for the 2013-2014 batch



Computer lab at IIPH-D. *Photo Credit: PHFI*

SCALE UP OF PHFI's ON-CAMPUS PROGRAMS

2008-10

Post Graduate Diploma Programme
- Gandhinagar
- Delhi
- Hyderabad
- Bhubaneswar

2013-14

Integrated MSc & PhD Programme
- Delhi
- Hyderabad

2015-16

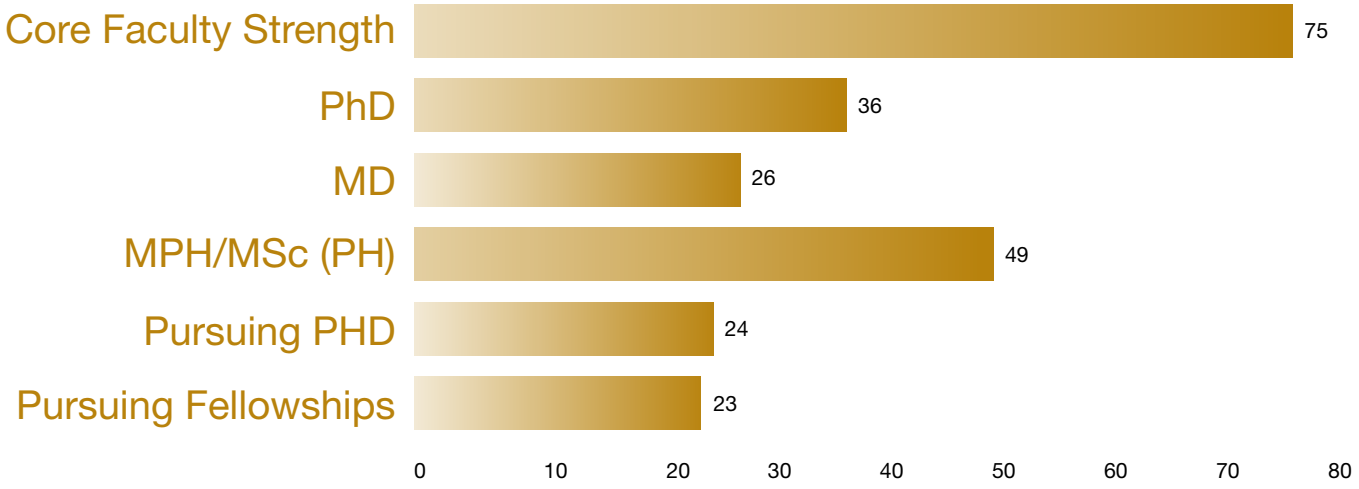
MPH Programme
- Gandhinagar
- Hyderabad

2016-17

MPH & Doctoral Programme
- Delhi (MPH & PhD)
- Gandhinagar (PhD)

We also offer 16 Distance Learning Programmes and a MOOC on Global Public Health

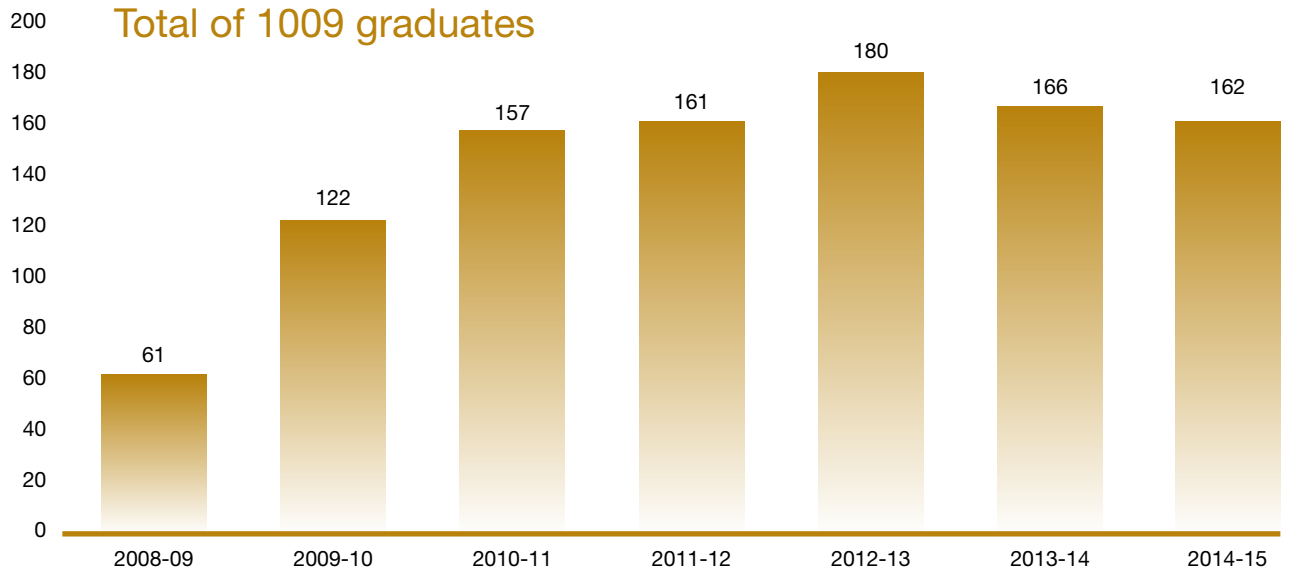
INDIAN INSTITUTES OF PUBLIC HEALTH : FACULTY STRENGTH



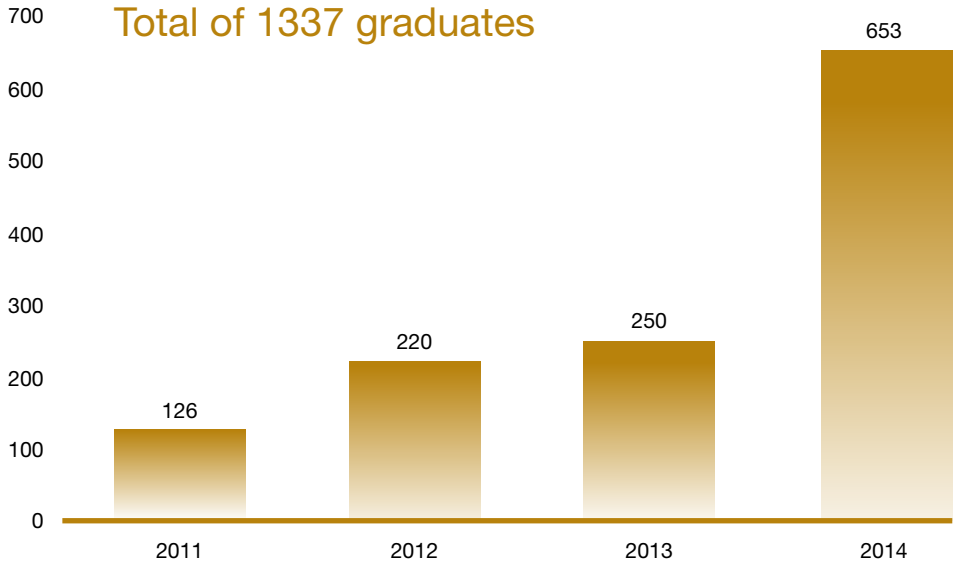
Class in session at IIPH-D. *Photo Credit: PHFI*

Orientation session for students supervised by IIPH faculty. *Photo Credit: PHFI*

GRADUATES FROM IIPHs-ON-CAMPUS PROGRAMMES



GRADUATES FROM IIPHs - DL PROGRAMMES



“The experience at IIPH has been so unique [and] of its kind, and I feel very happy about it. The mix of tight and demanding programme with carefully selected courses, and well qualified and experienced faculty has helped me to acquire broader understanding of public health issues, and health policy and economics. I never forget the sweet memories of my colleagues, and the warm and welcoming environment of the whole faculty and staff. I wish to see and hear IIPH extend its programmes to offer PhD at the international level.

- **MS.YEGILENESH HABTE**, student from Ethiopia,
2010-11 Batch, Post-Graduate Diploma in Health Economics, Health Care Financing and Health Policy

I thought of doing my public health education from IIPH considering the recognition it enjoys for its academic excellence. Other aspects which I considered were - the course curriculum, practical exposure, expert faculty members, etc. I will always recommend PHFI for it’s academic excellence, value-based education and providing a conducive environment for overall skill development.

- **MS.CHINMAYI BORKAR**,
2011-12 Batch, Post Graduate diploma in Public Health Management

It is my privilege to be associated with IIPH. The unique internship programme in the PGDCR course helps the student get practical exposure in the field. The course fee is most reasonable and affordable. The guidance by faculty members is incomparable.

- **MS.PURVI PRADHAN,**
2010-11 Batch, Post Graduate Diploma in Clinical Research”

Convocation of the Indian Institute of Public Health Delhi (IIPHD) 30th July 2015

“The frst
wealth is health.”

—EMERSON

“Take care of your
health so that you
may die young as late
as possible.”

—ANON

IT STARTS WITH A SMALL, FIRST STEP. A REGULAR WALK EVERY MORNING KEEPS YOU ACTIVE AND HELPS PREVENT HYPERTENSION AND MANY HEALTH PROBLEMS.

Swasthi family, mascot for the Healthy India website which ran a series of health preventive messages to encourage a healthy lifestyle

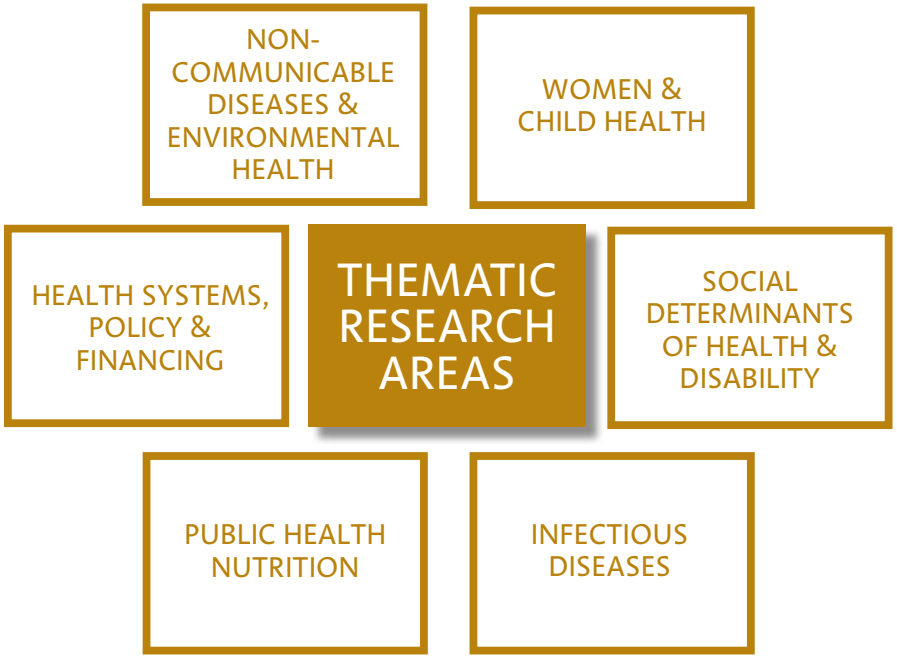
Field Researchers conducting community resource mapping exercise

Community health worker using tablet-computer based SSS application (Electronic Data Capture software) in Solan, Himachal Pradesh as part of the Solan Surveillance Study (SSS) undertaken by PHFI

5

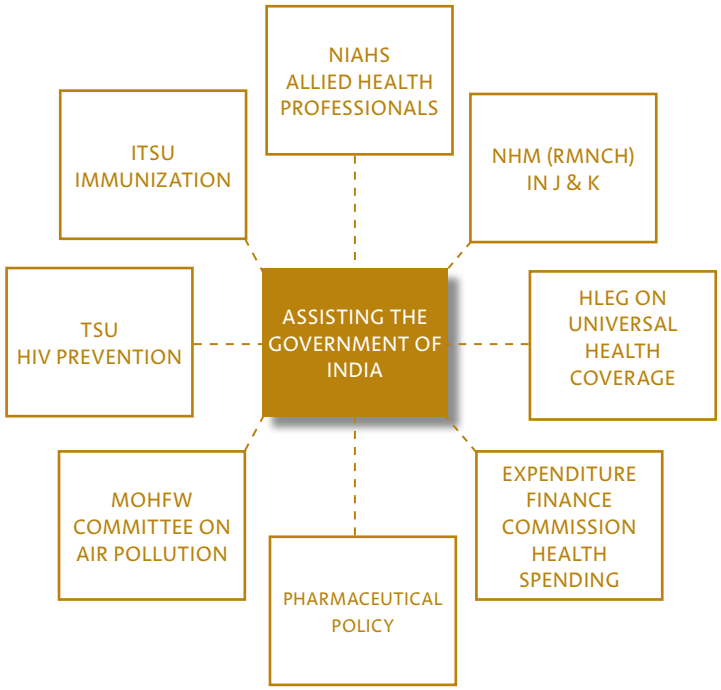
POLICY AND PROGRAMME RELEVANT RESEARCH

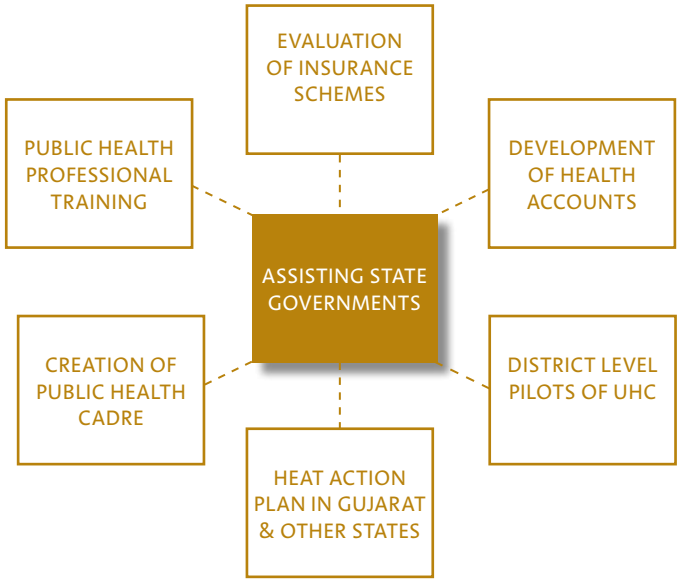
RESEARCH AT PHFI



Since its inception PHFI has worked to establish a robust evidence base for public health, in partnership with national and international institutions, by advancing policy and programme relevant research in prioritised health areas. PHFI has been undertaking projects in multiple areas including epidemiology and control of infectious and chronic diseases, maternal and child health, health systems, and social determinants of health. PHFI recognises scientific curiosity as fundamental to research and endeavours to cultivate an enabling environment for faculty, staff and students, to undertake studies in various disciplines of public health and drive the research agenda at PHFI and IIPHs.

A pan - PHFI Research Management Committee (RMC) helps to steer and support research, as an organised activity. An independent (Research Advisory Committee), consisting of eminent external experts, helps to provide peer review and strategic





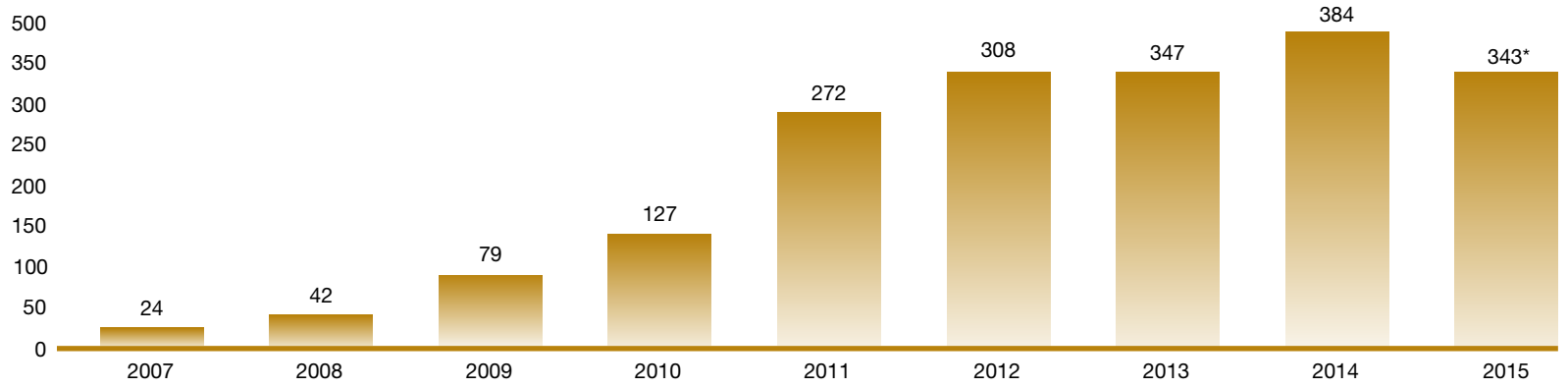
counselling. The RAC is presently chaired by Professor Barry Bloom, former Dean of the Harvard school of Public Health. To ensure the ethical aspects of research are adhered to, an Institutional Ethics Committee (IEC) has been established to review all proposals for research, provide guidance, and promote ethical conduct in all research undertaken at PHFI. The PHFI-IEC provides guidance and promotes ethical conduct in all research undertaken by researchers at PHFI.

PHFI has a portfolio of over 100 ongoing research and implementation projects, with several multi-centric and multi-stakeholder studies. Partners include international academic institutions, central and state governments, community-based organisations and the private sector. Research efforts undertaken by PHFI have led a total of 1926 publications till November 2015, with an average impact factor of 5.3. Currently, PHFI has undertaken over 350 research projects, several of them involving multiple stakeholders.

Health workers prepare immunisation records of children in the community

RESEARCH IMPACT: PEER REVIEWED PUBLICATIONS

Total Publications - 1926
Average Impact Factor - 5.3



* Indexing in progress

PHFI has set up four Centres of Excellence to raise awareness and strengthen research, training and education in high priority areas of public health in India

- CENTRE FOR CHRONIC CONDITIONS AND INJURIES (CCCI)
- SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & RESEARCH (SACDIR)
- RAMALINGASWAMI CENTRE ON EQUITY AND SOCIAL DETERMINANTS OF HEALTH
- CENTRE FOR EXCELLENCE IN ENVIRONMENTAL HEALTH (UPCOMING)

ANM examines a child during home visit in West Bengal

“He that prevents a disease
is the safest physician.”

—THOMAS FULLER

BUILDING EVIDENCE ON STATE - LEVEL DISEASE BURDEN ESTIMATES IN INDIA

First of its kind State level disease burden estimation in India is being undertaken by PHFI and partners

India has been going through a major epidemiological transition over the past 25 years, suffering from the double burden of increased mortality and morbidity through Non-Communicable Diseases and Injuries, and a sustained high proportion of infectious diseases including Tuberculosis and HIV/AIDS. However, there are likely to be substantial variations in the disease profiles, among the different population groups and between the states.

LEFT TO RIGHT Prof. K Srinath Reddy (PHFI), Prof. Chris Murray (IHME), Baron Peter Piot (LSHTM), Dr Soumya Swaminathan (ICMR), Dr JVR Prasad Rao (UNAIDS), Dr Poonam Khetrapal Singh (WHO), Mr. K.B Agarwal (MoHFW), Prof Lalit Dandona (PHFI)

Recognising that national-level estimates do not provide enough detail for targeted action, The Indian Council of Medical Research (ICMR), the Public Health Foundation of India (PHFI) and the Institute for Health Metrics and Evaluation (IHME) at the University of Washington have launched a collaborative initiative for state-level disease burden estimation in India. The development of reliable sub-national estimates under this programme will be crucial in developing an informed public health response to address National and State health needs.

With the evidence being generated across health areas, PHFI will work with a network of academic partners and policy makers across India to improve health indicators in prioritised health areas.

NEWS & PUBLICATIONS

The Telegraph
calcutta, india

Edition | Tuesday , October 13 , 2015 |

Lens on states' disease burden

Our Special Correspondent

New Delhi, Oct. 12: A consortium of government and academic institutions has launched India's first-ever exercise to estimate the burden of each of over 130 causes of ill-health and premature deaths in states, an initiative that experts say will help guide state-specific health policies.

The Indian Council of Medical Research and the Public Health Foundation of India, collaborating with the University of Washington, plan to generate state-level estimates of ill-health and premature deaths from a range of causes - from cancers to cirrhosis-linked to alcohol abuse, and infections to suicides.

"State-level estimates are important because national-level data are unable to capture nuances needed for state-specific actions," said Lalit Dandona, professor at the Delhi-based Public Health Foundation of India and director of the exercise.

The researchers will rely on multiple sources of data - research studies, state-level health surveys and, wherever available, hospital-based and community-based analysis of disease burden - and a modelling tool to generate estimates for as many states as possible.

Preliminary results for states' disease burden are expected by end-2016, the researchers said. "This will be a continuous exercise. We expect the estimates to improve over time," said Dandona.

A similar exercise at the national level has already revealed changing patterns in disease burdens - for instance, in 2013, coronary heart disease had taken over as the leading cause of ill-health in India from lower respiratory infections in 1990.

Chronic obstructive pulmonary disease - an illness linked to smoking and exposure to air pollution - had emerged the second leading cause of ill-health in 2013, moving up from eighth position two decades ago.

At the national level, high blood pressure, abnormal blood sugar levels and air pollution have emerged the top three risk factors for ill-health in 2013, compared to childhood under-nutrition, unsafe drinking water and poor sanitation two decades ago.

"But there is a substantial variation in disease burden trends that we need to understand at the state level to plan responses specific to local situations," said Soumya Swaminathan, director-general of the Indian Council of Medical Research.

The researchers say reliable estimates will allow financial and health policy makers to judiciously target resources to deliver "what needs to be done where". The absence of state-specific estimates could lead to a mismatch between disease burden and allocation of resources.

The India exercise is part of the so-called Global Burden of Disease study initiated by scientists at the University of Washington."This project could generate some meaningful information but only through adequate caution that the data used in the analysis is statistically reliable," said a senior health statistician who requested not to be named. "Finding reliable data in India is a difficult issue and sample size is important."

The statistician cited an independent study that had picked too small a sample and had portrayed the number of stillbirths in a community as misleadingly high.

Articles

Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition

GBD 2013 DALYs and HALE Collaborators*

Summary

Background The Global Burden of Disease Study 2013 (GBD 2013) aims to bring together all available epidemiological data using a coherent measurement framework, standardised estimation methods, and transparent data sources to enable comparisons of health loss over time and across causes, age–sex groups, and countries. The GBD can be used to generate summary measures such as disability-adjusted life-years (DALYs) and healthy life expectancy (HALE) that make possible comparative assessments of broad epidemiological patterns across countries and time. These summary measures can also be used to quantify the component of variation in epidemiology that is related to sociodemographic development.

Methods We used the published GBD 2013 data for age-specific mortality, years of life lost due to premature mortality (YLLs), and years lived with disability (YLDs) to calculate DALYs and HALE for 1990, 1995, 2000, 2005, 2010, and 2013 for 188 countries. We calculated HALE using the Sullivan method; 95% uncertainty intervals (UIs) represent uncertainty in age-specific death rates and YLDs per person for each country, age, sex, and year. We estimated DALYs for 306 causes for each country as the sum of YLLs and YLDs; 95% UIs represent uncertainty in YLL and YLD rates. We quantified patterns of the epidemiological transition with a composite indicator of sociodemographic status, which we constructed from income per person, average years of schooling after age 15 years, and the total fertility rate and mean age of the population. We applied hierarchical regression to DALY rates by cause across countries to decompose variance related to the sociodemographic status variable, country, and time.

Findings Worldwide, from 1990 to 2013, life expectancy at birth rose by 6·2 years (95% UI 5·6–6·6), f[...] (65·0–65·6) in 1990 to 71·5 years (71·0–71·9) in 2013, HALE at birth rose by 5·4 years (4·9–5·8), f[...] (54·5–59·1) to 62·3 years (59·7–64·8), total DALYs fell by 3·6% (0·3–7·4), and age-standardised [...] 100 000 people fell by 26·7% (24·6–29·1). For communicable, maternal, neonatal, and nutritional [...] DALY numbers, crude rates, and age-standardised rates have all declined between 1990 and 2013, w[...] communicable diseases, global DALYs have been increasing, DALY rates have remained nearly co[...] standardised DALY rates declined during the same period. From 2005 to 2013, the number of DAL[...] most specific non-communicable diseases, including cardiovascular diseases and neoplasms, in ad[...] food-borne trematodes, and leishmaniasis; DALYs decreased for nearly all other causes. By 2013 [...] causes of DALYs were ischaemic heart disease, lower respiratory infections, cerebrovascular disea[...] neck pain, and road injuries. Sociodemographic status explained more than 50% of the variance b[...] and over time for diarrhoea, lower respiratory infections, and other common infectious diseases; m[...] neonatal disorders; nutritional deficiencies; other communicable, maternal, neonatal, and nu[...] musculoskeletal disorders; and other non-communicable diseases. However, sociodemographic st[...] than 10% of the variance in DALY rates for cardiovascular diseases; chronic respiratory diseases; [...] urogenital, blood, and endocrine diseases; unintentional injuries; and self-harm and inter[...] Predictably, increased sociodemographic status was associated with a shift in burden from YLLs [...] declines in YLLs and increases in YLDs from musculoskeletal disorders, neurological disorde[...] substance use disorders. In most country-specific estimates, the increase in life expectancy was [...] HALE. Leading causes of DALYs are highly variable across countries.

Interpretation Global health is improving. Population growth and ageing have driven up num[...] crude rates have remained relatively constant, showing that progress in health does not mea[...] health systems. The notion of an epidemiological transition—in which increasing sociodemo[...] structured change in disease burden—is useful, but there is tremendous variation in burden [...] associated with sociodemographic status. This further underscores the need for country-sp[...] DALYs and HALE to appropriately inform health policy decisions and attendant actions.

Funding Bill & Melinda Gates Foundation.

Published Online August 27, 2015 http://dx.doi.org/10.1016/S0140-6736(15)61340-X

http://dx.doi.org/10.1016/S0140-6736(15)61340-X

Articles

Global, regional, and national age–sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

GBD 2013 Mortality and Causes of Death Collaborators*

Summary

Background Up-to-date evidence on levels and trends for age-sex-specific all-cause and cause-specific mortality is essential for the formation of global, regional, and national health policies. In the Global Burden of Disease Study 2013 (GBD 2013) we estimated yearly deaths for 188 countries between 1990, and 2013. We used the results to assess whether there is epidemiological convergence across countries.

Methods We estimated age-sex-specific all-cause mortality using the GBD 2010 methods with some refinements to improve accuracy applied to an updated database of vital registration, survey, and census data. We generally estimated cause of death as in the GBD 2010. Key improvements included the addition of more recent vital registration data for 72 countries, an updated verbal autopsy literature review, two new and detailed data systems for China, and more detail for Mexico, UK, Turkey, and Russia. We improved statistical models for garbage code redistribution. We used six different modelling strategies across the 240 causes; cause of death ensemble modelling (CODEm) was the dominant strategy for causes with sufficient information. Trends for Alzheimer's disease and other dementias were informed by meta-regression of prevalence studies. For pathogen-specific causes of diarrhoea and lower respiratory infections we used a counterfactual approach. We computed two measures of convergence (inequality) across countries: the average relative difference across all pairs of countries (Gini coefficient) and the average absolute difference across countries. To summarise broad findings, we used multiple decrement life-tables to decompose probabilities of death from birth to exact age 15 years, from exact age 15 years to exact age 50 years, and from exact age 50 years to exact age 75 years, and life expectancy at birth into major causes. For all quantities reported, we computed 95% uncertainty intervals (UIs). We constrained cause-specific [...] within each age-sex-country-year group to sum to all-cause mortality based on draws from th[...]

Findings Global life expectancy for both sexes incre[...] (UI 71·0–71·9) in 2013, while the [...] (UI 53·6–56·3) over th[...]

Lancet 2015; 385: 117–71

Published Online December 18, 2014 http://dx.doi.org/10.1016/S0140-6736(14)61682-2

See Comment page 92

*Collaborators listed at the end of the Article

For interactive versions of figure 7 and figure appendices 1–3, visit http://vizhub.healthdata.org/le

Correspondence to: Prof Christopher J L Murray, 2301 5th Avenue, Suite 600, Seattle, WA 98121, USA cjlm@uw.edu

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hindustantimes

ICMR, PHFI and University of Washington launch collaborative health initiative

The Indian Council of Medical Research (ICMR), the Public Health Foundation of India (PHFI) and the Institute for Health Metrics and Evaluation (IHME) at the University of Washington under the aegis of Ministry of Health and Family Welfare, have launched a collaborative initiative on state-level disease burden estimation in India.

In this effort, the robust methods of the Global Burden of Disease (GBD) study, developed by a global network of researchers coordinated by IHME, will be utilized to generate rigorous estimates of all the major drivers of health loss at the state level in India.

APN NEWS
Sunday, February, 2016| Today's Market | Current Time: 12:10:05

Source Name:The Public Health Foundation of India (PHFI)

FIRST-OF-ITS-KIND COLLABORATIVE INITIATIVE ON STATE-LEVEL DISEASE BURDEN ESTIMATION IN INDIA LAUNCHED

The Indian Council of Medical Research (ICMR), the Public Health Foundation of India (PHFI) and the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, USA in collaboration with the Ministry of Health and Family Welfare, Government of India, to generate State-level Disease Burden and risk factors estimates to improve health programmes and planning in India

Oct 12, 2015 17:20 PM

New Delhi, India

India has been going through a major epidemiological transition over the past 25
health loss due to non-infectious conditions such as heart disease, stroke, diabete
traffic has increased massively, and the burden due to lower respiratory infections,
still remains unacceptably high. The extent of the burden due to these major cond
the various population groups and the states of India. National-level estimates do
Hence reliable sub-national estimation of disease burden in India is crucial for ar
population health.

The **Indian Council of Medical Research** (ICMR), the **Public Health Foundati**
Metrics and Evaluation (IHME) at the University of Washington under the aeg
Government of India have launched a collaborative initiative on state-level disea
robust methods of the Global Burden of Disease (GBD) study, developed by
IHME, will be utilized to generate rigorous estimates of all the major drivers of
to the scientific papers, the initiative will produce multilevel disseminations th
raise the discourse and monitor changing disease trends. **State-of-the-art GBI**
bring to life the initiative's findings. This will allow a variety of contrasts betwee

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Heart and respiratory diseases are India's biggest killers

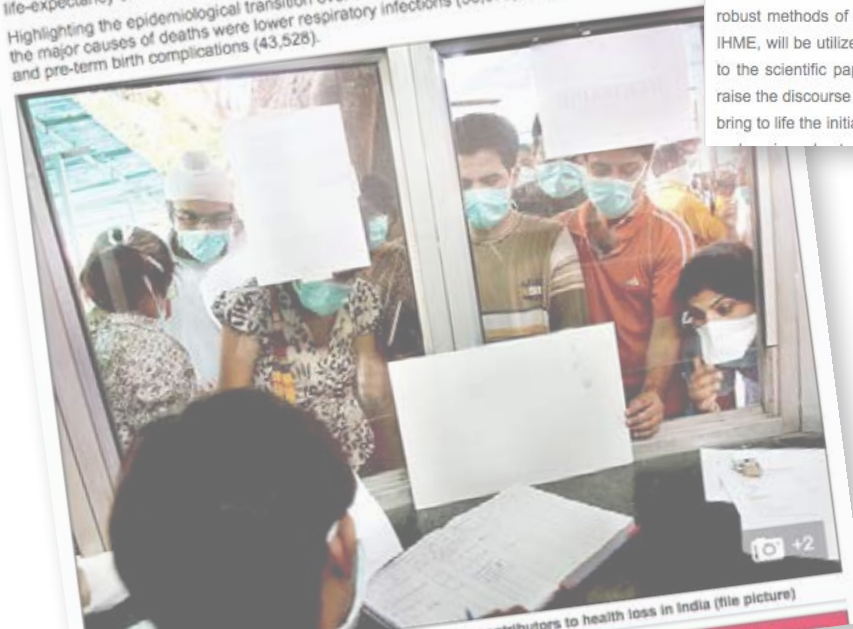
By NEETU CHANDRA SHARMA
PUBLISHED: 22:37 GMT, 12 October 2015 | UPDATED: 22:42 GMT, 12 October 2015

Share

Heart and respiratory diseases have gradually become silent killers for Indians, according to the
Global Burden of Disease Study.

High blood pressure, pollution, smoking and alcohol, have become risk factors that will further c
life-expectancy of Indians.

Highlighting the epidemiological transition over the past 25 years in India, the study states that
the major causes of deaths were lower respiratory infections (58,575), diarrhoeal diseases (45,
and pre-term birth complications (43,528).



...utors to health loss in India (file picture)

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DECCAN HERALD
Sunday 21 February 2016
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Govt begins state-level disease burden data

New Delhi, Oct 13, 2015, DHNS:

With the country witnessing major epidemiological transformation, the central government has begun a new programme to generate disease burden data from each state to plan state-specific intervention strategies.

"The first set of reports would come out in 2016 and we would continue to refine these reports for the next five years. This would make planning of health programmes more specific and target oriented," Lalit Dandona, distinguished research professor at the Public Health Foundation of India, who spearheads the project told Deccan Herald.

The PFHI has joined hands with the Indian Council of Medical Research and Institute for Health Metrics and Evaluation (IHME) at the University of Washington for the project.

India's huge population makes it the best place to generate state-level disease burden models. Over the last 25 years, the burden of premature death and health loss due to non-infectious conditions like heart disease, stroke, diabetes, chronic obstructive lung disease and road traffic increased massively while the burden due to lower respiratory infections, tuberculosis, diarrhoea and ...
decreased.

ENABLING INDIA'S MILLIONS TO HAVE ACCESS TO MEDICINES

PHFI is in the forefront of policy research to make essential medicines accessible and affordable

PHFI has contributed significantly through cutting-edge research on issues related to access to medicines, vaccines and technology. Work in this space includes tracking the public expenditure of health facilities, looking at the drug procurement and distribution system, generating evidence on access to medicines in India, examining the role of pharma companies in facilitating access to medicines, and identifying socio-economic correlates and determinants of unequal access to immunisation in India.
PHFI through its research has provided recommendations on pharmaceutical pricing policy to the Ministry of Health and Family Welfare, Ministry of Corporate Affairs, Ministry of Chemicals and Fertilisers, and the National Pharmaceutical

Project: Strengthening Eco-System for Sustainable and Inclusive Health Financing In India
Supported by: United States Agency for International Development (USAID). *Photo credit: PHFI*

Pricing Authority. It has also advised the Competition Commission of India on mergers and acquisitions in the pharmaceutical sector, and the Planning Commission on the development of the 12th Five Year Plan.

As India prepares to roll out its ambitious programme to achieve universal health coverage (UHC), PHFI is undertaking

- Assessment of drug procurement and distribution models in 8 states. This is expected to serve as a baseline for access to provision of essential medicines

- Identification of key costs of an essential health package for UHC roll out in the districts of 8 states now ready for baseline data collection.

In addition, PHFI has also recently assessed the Rajasthan Free Medicine Initiative of the State Government and the Jan Aushadhi Yojana of Ministry of Chemicals and Fertilizers, Government of India.


THE HINDU
BusinessLine
BY INVITATION

More tears for Maggi than for cuts in govt's health spends

INDRANIL MUKHOPADHYAY

On a slippery slope
Centre's spending on health as % of GDP

State of the spends
Union and State govt expenditure on health (Rs crores)

Source: Union and State Budgets, RBI (www.indiabudget.nic.in)

INDRANIL MUKHOPADHYAY

India's expenditure on health is just a little over 1% of its income

hindustantimes | nation | 11

what's next?

hindustantimes LEADERSHIP SUMMIT

Transforming India's healthcare

PRESCRIPTION Improving facilities and access to medicines and professionals should be the priority of health spending

NEWS & PUBLICATIONS

Healthy Expectations From The Budget

Krishna D. Rao,
Sr. Health Specialist, Public Health Foundation of India
Email: kd.rao@phfi.org

Health budgets usually do not invoke much excite
exception. For one, this budget
falling. Such events usually see
including health. On the other h
before the general elections in
programs. Moreover, this is the fi
new Plan came in the wake
recommendation for increased go
Health Care (UHC). To what ext
divergent pulls and also 'walk the

Both the HLEG report and the new
in public spending on health - t
Indeed, government spending nee
keep to the 12th Plan's promise o
about 1
spendir
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This pl
that th

BMJ

BMJ 2013;347:f4235 doi: 10.1136/bmj.f4235 (Published 2 August 2013)

VIEWS & REVIEW

PERSONAL VIEW

Africa could learn from India's burgeoning pharma sector

Prohibitive drug costs are leading some African countries to try to enter the generic market. The would do well to look at India's model, says **Sakthivel Selvaraj**

Sakthivel Selvaraj *senior health economist, Public Health Foundation of India, New Delhi, India*

India is the global pharmacy, producing and supplying essential
countries. Its drug market is valued at
which more than 40%

sure they make use of its flexibilities. India signed the agreemen
in 2005.

African countries have complained that Indian generic drugs
too expensive. Wholesale prices of Indian generic drugs
once procurement agencies based outside
ments have taken
ican countries
n procurement
tries are small,
drugs directly
ces.[6]

ut the pooled
Medical Services
t, effective, and
and decentralised
e replicating this

h Africa, Morocco,
tic drug industry,
cause they are small
manufacturers.

ompete with large
ilding more factories,
nical collaboration
r African countries.
s that produce generic
nability of a country's
drugs in particular.

d prescribers have
drugs produced and
ntries have seized Indian
a on the pretext of their
conducted by the Indian
by the Indian Statistical
all drugs produced in India
25% quoted by the World

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& THE WALL STREET JOURNAL
04 DECEMBER 2013

Drug pricing conundrum

The drugmakers benefited from a policy muddle that was direction

Sakthivel Selvaraj

To top the agenda of pharmaceutical industry interests, the policy is designed to allow drug makers t
of unscheduled formulations by up to 10% annually. Photo: Mint

For over a year, the Indian government has been mulling over the precise methodolog
ceiling prices for essential medicines. In 2012, the Department of Pharmaceuticals (D
away from the past practice of Cost-plus Based Pricing (CBP) to Market-Based Pricin
348 essential medicines under "price control".

CBP basically allowed manufacturers to charge a profit over the cost of produc
Weighted Average Price (WAP) of b

live mint

India must protect access to medicine

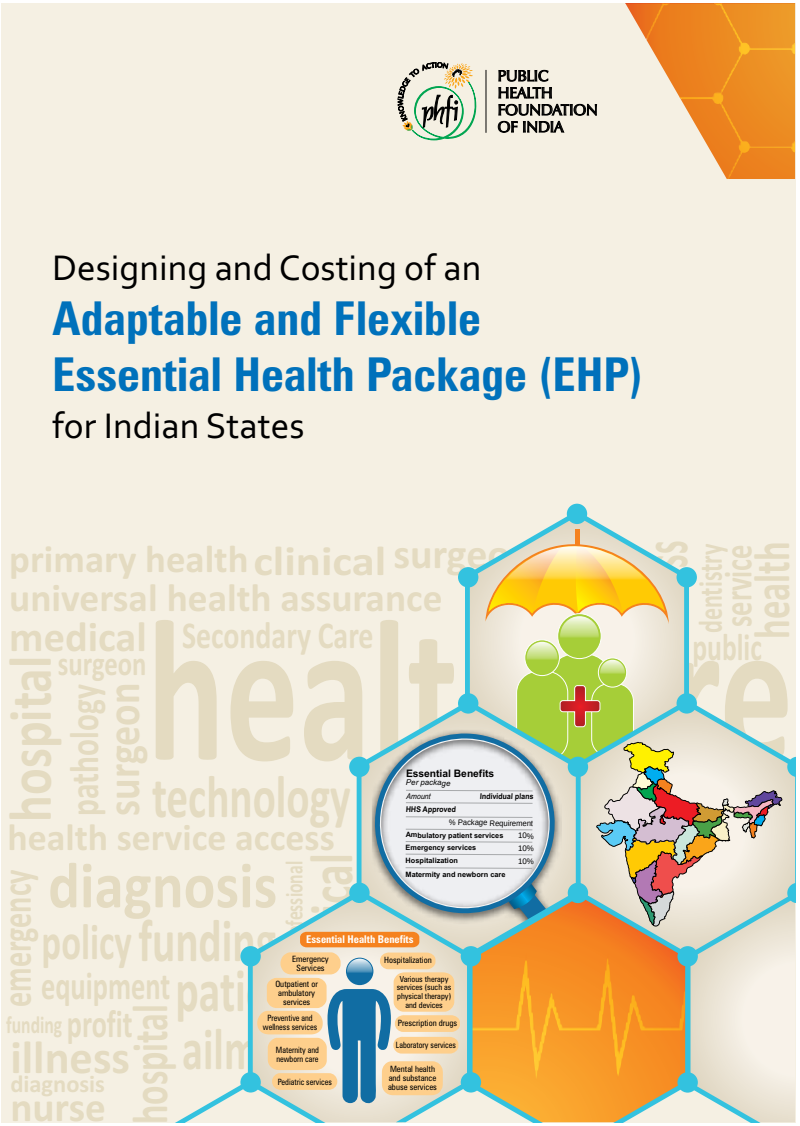
India needs to safeguard its vital interests in any trade agreement, the way other nations do

K Srinath Reddy, President PHFI

The pronouncements by the government, over the last year, that essential drugs would be made available free of cost at public healthcare facilities are now reflected in the 12th Five-Year Plan. Photo: Hemant Mishra/Mint

Is India committed to protecting access to essential medicines for its citizens? S
generated national and international debate around this
production of generic drugs feature

PHFI is engaged in building capacities and providing technical inputs in design, implementation, monitoring and evaluation in the area of health care financing to both central and state governments



PHFI's report on Designing and Costing of an Essential Health Package (EHP) for Indian States

PHFI'S WORK IN HEALTH FINANCING

PHFI is currently engaged in providing technical inputs to the Expenditure Management Commission (EMC), Ministry of Finance, Government of India. To achieve the intended objectives of the government, the primary mandate of the commission is to provide direction and recommendations for efficient resource utilisation and reallocation to the Government of India. In addition to education, the EMC has identified health as a focus area for reforms in the union government expenditure. This prioritising of health sector will lead to further emphasis on systematic and effective delivery of health care services. PHFI is also assisting the Governments of Tamil Nadu and Telangana in strengthening systems for Health Accounts.

PREPARING INDIAN CITIES FOR EXTREME HEAT CONDITIONS

Recognizing the danger climate change poses for human health, IIPH-Gandhinagar, in partnership with the Natural Resources Defense Council (NRDC), has been focusing on the health impact of rising temperatures on vulnerable populations of western India. IIPH-Gandhinagar assessed the current vulnerability to extreme heat among Ahmedabad's general population. Additionally; they conducted focus group interviews of construction workers in order to assess the adaptive capacity of Ahmedabad's public health and health care delivery system to extreme heat conditions.

This work by IIPH-G and NRDC led to the launch of a Heat Action Plan in April 2013 by the Ahmedabad Municipal Corporation (AMC), with scale up to two

IIPH Gandhinagar University and NRDC led Heat Action Plan featured in the Indian pavilion at COP21, Paris

Smt. D Thara, Muncipal Commissioner for Ahmedabad releasing the Heat Action Plan developed by IIPH-G and NRDC

further cities in India envisioned in the next year or so. These recommendations have also fed into the National Disaster Management Authority's plans, as well as into the sub-mission on health of the Prime Minister's Council on Climate Change.The institute developed and enhanced public health interventions and healthcare delivery protocols and management strategies; advanced and calibrated an innovative heat-health early warning system for the Ahmedabad Municipal Corporation; worked with the local and state governments to implement specific strategies. They also conducted workshops and trainings for stakeholders (hospitals, other medical providers and government staff) on early warning systems, internal government communications, planning for extreme heat events, community outreach and communication strategies. Implementation of the Heat Action Plan has already shown impact of reduced mortality during the last heat wave in Ahmedabad.

NEWS

ફૂટપાથ પરના હોર્ડિંગ્સના મુદ્દે રિવ્યુ પિટિશન હાઈકોર્ટે ફગાવી

અમદાવાદ, મંગળવાર

અમદાવાદના જાહેર રસ્તાઓની ફૂટપાથ પર આડેધડ લાગેલા હોર્ડિંગ્સના કારણે રાહદારીઓને ચાલવાનો બિલ્કુલ રસ્તો રહેતો નથી આથી આ પ્રકારના તમામ હોર્ડિંગ્સ દૂર કરવાના ગુજરાત હાઈકોર્ટના આદેશને રિવ્યું કરવા માટે કરવામાં આવેલી પીટીશન એકટીંગ ચીફ જસ્ટિસ વી.એમ. સહાય અને જસ્ટિસ આર.પી. ઢોલરિયાની ખંડપીઠે ફગાવી દીધી છે. ફૂટપાથ હોર્ડિંગ્સ અંગે કોર્ટના ચુકાદાનું પાલન કરવા આદેશ આપ્યો છે.

GDCRના નિયમોનું ઉલ્લંઘન કરીને વધુ હોર્ડિંગ્સ લગાવાતા બીજી કન્ટેમ્પ્ટ પિટિશન

બીજી તરફ કોર્ટના આદેશના અનાદર બદલ મ્યુનિસિપલ કમિશનરને એકવાર રૂબરૂ હાજર કર્યા હોવા છતાં હજુ પણ કોર્ટના કાયદાથી પર છે? કોર્ટે કહ્યું હતું કે કન્ટેમ્પ્ટ પિટિશન કોર્ટના આદેશના અનાદર બદલ દાખલ કરવામાં આવે છે અને તે દાખલ કરવાનો દરેકને અધિકાર છે. આ પિટિશન યોગ્ય છે કે નહીં તે કોર્ટ નક્કી કરશે પરંતુ કોઈ આવી પિટિશન દાખલ ના કરે તે માટે કોર્ટ કશું જ કરી શકે નહીં.

બીજી તરફ ૨૩મી ડિસેમ્બરે મ્યુનિસિપલ કમિશનર રૂબરૂ કોર્ટ સમક્ષ હાજર રહ્યાં હતાં અને તેમના વતી સોંગદનામું રજૂ કરવામાં આવ્યું હતું જેને એસ્ટેટ ઓફિસર પ્રિતમ રાઉતે સમર્થન પણ આપ્યુ હતું. જેમાં કોર્ટને જણાવવામાં આવ્યું હતું કે ૫૭ હોર્ડિંગ્સ બીજે ખસેડવાની જરૂર છે જ્યારે ૪ હોર્ડિંગ્સ દૂર કરવા પડે તેમ છે અને આ મુદ્દે કોન્ટ્રાક્ટરોને નોટિસ આપી દેવામાં આવી છે. જ્યારે ૧૦૭ હોર્ડિંગ્સ કોર્ટના આદેશ મુજબ દૂર કરી દેવામાં આવ્યા છે અને તેને ફુટપાથમાં નડતર રૂપ ના બને તે રીતે બીજે લગાવવામાં આવશે. આમ છતાં આ નિયમોનું પાલન ના કરાતાં કન્ટેમ્પ્ટ

આકરા ઉનાળામાં લોકો માટે મ્યુનિ.એક્શન પ્લાન તૈયાર કર્યો

હીટવેવ પ્લાનઃ પરબો ઊભી કરાશે, ગરમીથી રાહતના સૂચનો અપાશે

નવગુજરાત સમય > અમદાવાદ

અમદાવાદના ૨૦૧૫ના હીટ એક્શન પ્લાનની રજૂઆત કરવામાં આવી છે. આ સાથે દક્ષિણ એશિયાના ગરમીના બનાવો સામે તકેદારી પધ્ધતિ અને રક્ષણની વિસ્તરણ કરવામાં આવ્યું એક્શન પ્લાન અંતર્ગત પાણીની પરબો ઊભી વનાર છે. ઉપરાંત શહેરમાં ના માધ્યમથી લોકોને વાકેફ વશે અને હોસ્પિટલોને પણ માટે જણાવાશે.

મ્યુનિ. કોર્પોરેશન ૨૦૧૩થી કામ કરી રહી છે અને તેના લીધે અનેક લોકોના જીવ બચાવવામાં સફળતા મળી હોવાના લીધે એક્શન પ્લાનનું વિસ્તરણ કરવામાં આવ્યું છે. જેના પગલે હવે દેશના અન્ય શહેરો પણ અમદાવાદ મોડલ એક્શન પ્લાનને અપનાવવા તૈયાર થયા હોવાનું જણવા મળે છે. જેમાં વડોદરા, સુરત, દિલ્હી અને મહારાષ્ટ્રમાં પણ

હીટવેવ અંગેનો એક્શન પ્લાન અમલમાં મુકવામાં આવનાર છે.

ગરમીનો પારો વધે ત્યારે લોકોને મુશ્કેલી ન પડે તે માટે કોર્પોરેશન શહેરમાં એનજીઓની મદદથી પીવાના ઠંડા પાણીની પરબો બનાવશે. જેથી ગરમીમાં લોકોને પાણી મળી રહે. ઉપરાંત ૪૩ ડિગ્રીથી વધુ તાપમાન જવાનું હશે ત્યારે મીડિયાના માધ્યમથી લોકોને વાકેફ કરી બહાર ન નિકળવા તથા શું તકેદારી રાખવી તેની માહિતી અપાશે. ઉપરાંત જે દિવસે તાપમાન વધવાનું હશે તે દિવસે સવારથી જ પ્રાઈવેટ અને કોર્પોરેશન હસ્તકની હોસ્પિટલો તથા ડોક્ટરોને હીટવેવના કેસ આવે ત્યારે તેની સારવાર માટે તૈયાર રહેવા માટે સૂચના અપાશે.

OneWorld South Asia

oneworld.net
Jul 02, 2015

Heat stroke deaths are tip of the iceberg

Dr Dileep Mavalankar

http://southasia.oneworld.net/peoplespeak/heat-stroke-deaths-are-tip-of-the-iceberg-dr-dileep-mavalankar#.VZTMwPmqqko

Jul 01, 2015

Heat waves are likely to rapidly increase as climate change progresses, says Dr Dileep Mavalankar.

New Delhi: India is reporting thousands deaths from various states due to heat wave in May 2015, the second highest reported in any heat wave in India. This number may go up still. But many people and agencies are not aware that heat-related deaths are many times more than commonly-identified heat-stroke deaths. For example in 2003, Europe had a major heat wave which killed 70,000 people. Of those, direct heat stroke deaths were very few; most were deaths of older people with some chronic disease who died due to overheating of the body and failure of heart, circulation, lungs or kidneys.

India has weak registration of deaths, recording of cause of death and analysis of cause of deaths. This limits our ability to estimate the total number of deaths due to heat waves. What is widely reported are very obvious cases of "heat stroke," which happen due to direct exposure to heat on roads or at work. In such cases people die within hours of heat stroke. These are called direct heat stroke or Exertional heat stroke. When he

HERE'S HOW AMC PLANS TO BEAT HEATWAVE THIS SUMMER

AMC is to implement its Heat Action Plan, informing people about extreme climates in the near future and the necessary steps to tackle it, this week.

Ahmedabad Municipal Commissioner D Thara said, "If the city's temperature exceeds 43 degrees, the plan will ensure that people are alerted about the heatwave a few days in advance."

Various arrangements will be made to protect people from heatwave." City gardens will remain open during afternoons. Doctors and 108 service will be instructed to remain prepared to cater to victims of heatwave. Water and electricity department will be instructed to remain prepared with adequate supply of water and electricity respectively," AMC officials. Ahmedabad was the first city in

THE TIMES GROUP
e-paper

Heat islands causing minimum temperature to rise

Jayashree Nandi,TNN | May 28, 2015, 01.09 AM IST

http://timesofindia.indiatimes.com/city/delhi/Heat-islands-causing-minimum-temperature-to-rise/articleshow/47450098.cms?

NEW DELHI: More and more people are likely to die or suffer morbidity due to heat stress in the capital in the coming years.

According to a recent study by Centre for Atmospheric Sciences at IIT-Delhi, the diurnal temperature range (difference between the maximum and minimum temperature) is decreasing rapidly. The DTR for Delhi that was 12.48 degrees in 2001 has reduced to 10.34 degrees in 2011, indicating that the minimum temperature is steadily increasing. This is mainly due to the urban heat island (UHI) effect and massive urbanization over the years, the study revealed.

A UHI is usually an urban area, which is significantly warmer than its surroundings. Concrete surfaces that used to be permeable and moist start radiating heat forming an area or an island of high temperature. The IIT study by scientists Manju Mohan and Anurag Kandya also found that areas experiencing a DTR below 11 degrees accounted for only 26.4% in 2001 that increased to 65.3% in 2011.

Forested or canopied areas such as the Asola wildlife sanctuary or rural areas such as Ghuman Hera village, Mundhela Kalan and Kanjhawala village have not shown much difference in DTR since 2001. But areas such as Rohini, Dwarka, Vasant Kunj, IIT and

TORRID TIMES

42 Degrees Celsius Is Heat Wave Threshold For City, Finds Study

TIMES NEWS NETWORK

Ahmedabad: Heat can kill if it is dealt with carelessly. The summer of 2010 is a black mark in the city's history. A total of 310 Amdavadis lost their lives in a single day – May 21 – because of temperatures that peaked at 46.5 degrees Celsius. The relation between deaths and heat waves was recently studied by the Indian Institute of Public Health (IIPH). This happens to be the only study of its kind in the country and will be published shortly. It took experts two years to make a detailed correlation of deaths in different areas of the city with temperatures.

HEAT RESISTANCE

The study found that between May 1 and May 19, when temperatures hovered around the 43-degree mark and over, the number of deaths remained between 100 and 150 a day, because of the heat wave. On May 20, the number of deaths in just a single day was reported to be close to 200, while the following day — May 21 — when temperatures peaked to 46.5 degrees, [illegible] individuals died.

Most of the dead were slum dwell[illegible] the old, newborns and outdoor work[illegible] The IIPH study was carried out by a te[illegible] of experts led by assistant professor Gulrez Shah Azhar and included Amruta Sarma, Ajit Rajiva, Priya Dutta , Abhiyant Tiwari. Based on this analysis, the team helped Ahmedabad Municipal Corporation (AMC) devise a [illegible] this year.

"The bes[illegible] ed deaths is [illegible] near and de[illegible] when not to [illegible] be encourag[illegible] uids," says S[illegible]

increases the [illegible] hence become [illegible]

IIPH director [illegible] "Threshold temp[illegible] has been found t[illegible] after studying m[illegible] past several year[illegible] to open all its pa[illegible]

AMC PLANS BIG TO BEAT THE HEAT

Public gardens, fountains in city will remain open throughout summer; NGOs to offer drinking water

s honoured on Wednesday for its innovative and outstanding ip in building disaster risk preparedness and community resilience

itals will stay prepared

MC-run and private hospitals in the city will receive early gs about heat wave conditions. "They will be asked to stay pared to treat patients suffering from heat [illegible] in Solanki, AM[illegible] health officer.

sia. It has be[illegible] r cities since [illegible] a week, AMC [illegible] ilist NGOs to [illegible] drinking wate[illegible] s across Ahr[illegible] st. "We will [illegible] et up water [illegible] ality drinkin[illegible] ns. Water coo[illegible] provide wate[illegible] said Thara[illegible] an, AMC dep[illegible] missioner, sa[illegible] with the Par[illegible] rtment, we [illegible] blic gardens [illegible] open even d[illegible] ally if alerts[illegible]

Colours of heat

The AMC will issue heat alerts by using colour signals based on [illegible] different thresholds of the rising temperature. Text messages on mobiles and emails will be sent by AMC's heat monitoring cell to the media, hospitals and traffic cops.

Red: Extreme heat alert (Over 45 °C)

Orange: Heat alert day (43 to 45 °C)

Yellow: Hot day (40 to 43 °C)

(Below than 40 °C)

મ્યુનિ.એ હીટ એકશન પ્લાનનુ વિસ્તરણ કર્યુ

અમદાવાદના લોકોને ઉગ્ર ગરમીની આગોતરી જાણ થશે

અમદાવાદ, બુધવાર

અમદાવાદમાં વરસો વરસ ગરમીનું વધી રહેલું પ્રમાણ અને તેનાથી લોકોનો કઈ રીતે બચાવ થઈ શકે તે વિષય પર આજે મ્યુનિ. કોર્પોરેશન અને પર્યાવરણ તેમજ લોકના આરોગ્ય અંગે કાર્ય કરતી અન્ય સહયોગી સંસ્થાઓના ઉપક્રમે એક વર્કશોપ યોજાયો હતો. જેમાં ગરમીમાં થનારો વધારો કે હીટવેવની નાગરિકોને આગોતરી જાણ થાય તે માટે હીટ એકશન પ્લાન અમલમાં મૂકાયો છે.

ગયા વર્ષે ૮૬ લોકોને તીવ્ર અને ૨૫૦ને ગરમીની હળવી અસર થતાં હોસ્પિટલમાં સારવાર લેવી પડી હતી

મ્યુનિ. આરોગ્ય ખાતા દ્વારા આ અંગેની [illegible] રોજેરોજની આગોતરી માહિતી લોકો સુધી [illegible] [illegible] વિગતો અનુસાર [illegible]

યુએસએની જ્યોર્જીયા યુનિવર્સિટીના સહયોગથી છેલ્લા ત્રણ વર્ષથી આ અંગેની કામગીરી મ્યુનિ.એ શરૂ કરી છે, જેનુ આજે વિસ્તરણ કરવામાં આવ્યું છે. ઈન્ડિયન [illegible] ઓફ પબ્લીક હેલ્થ દ્વારા દેશભરમાં [illegible]

AMC releases 2015 action plan to battle heat

TIMES NEWS NETWORK

Ahmedabad: South Asia's first early warning system and preparedness plan for extreme heat events began on Wednesday, with Ahmedabad municipal commissioner D Thara releasing the 2015 heat action plan (HAP) to build public awareness, initiate an early warning system and reduce heat exposure.

The 2015 HAP [illegible] increase preparedness, information-sharing and response coordination to reduce the health impacts of severe heat on vulnerable population, especially those in 380 high-risk slum areas identified by Ahmedabad Municipal Corporation (AMC).

The AMC issues heat alerts, based on thresholds determined by the corporation, by using [illegible] major heat wave in May 2010, which led to 1,344 deaths.

This was a wake up call that intergovernmental agency action, preparedness and community outreach was needed to save lives.

Rising to the challenge of climate change and increasing heat wave, AMC decided to prepare health system for residents. In 2013

DH

DECCAN HERALD

Combating heatwave deaths

Dileep Mavlankar, May 29, 2015, DHNS:

One of the deadly impacts of climate change will be increasing temperature and increases in heatwaves. Europe was shocked when a three week heatwave in 2003 led to over 75,000 deaths in Europe that hot summer overall.

As per the Intergovernmental Panel on Climate Change (IPCC), the average temperature is going to rise by 2-6 degree C over next 80-100 years. Increasing levels of heat is being experienced by the common man every day in India. Winters in Ahmedabad and rest of India have become much milde and summers much warmer.

Unfortunately, the public health impact of increasing heat and heatwaves in terms of mortality and morbidity have not been well studied in India so far. Occasional reports of some deaths due to heatwaves have been there, for example, in Orissa in the 1998 heatwave, 2042 deaths were

Project: Promoting Health, Livelihoods and Sustainable Livestock Systems in Peri-Urban Ecosystems of India
Supported by: International Development Research Centre (IDRC-CRDI)

BUILDING A NEW PARADIGM IN INFECTIOUS DISEASES

In its efforts to combat India's infectious disease burden, PHFI has undertaken a range of work including primary research, policy evaluation, programme implementation, awareness generation and capacity building..
PHFI has facilitated private and public partnerships that led to innovative preventive management programmes for Sexually Transmitted Diseases (STDs), steps to resolve antibiotic resistance, and control of HIV/AIDS. PHFI is the designated technical support unit for the National AIDS Control Programme, working with the central government and State AIDS Control Societies on a range of interventions in partnership with local NGOs and self-help groups.

PHFI is the nodal agency of the Roadmap to Combat Zoonoses in India and is responsible for coordinating activities among all partners through a core joint working group that engages partner agencies and implements meeting recommendations. While undertaking these, the foundation also works closely with existing programmes and initiatives and further focuses on developing training programmes for public health specialists to strengthen multisectoral experience on the 'One Health' concept (linking all sectors ranging from human health to animal, wildlife, social and environmental sectors).

NEWS

IDEAS FOR INDIA

FOR MORE EVIDENCE-BASED POLICY

Tuberculosis control in India: More bang for bucks than simply saving

Posted On: 27 May 2013
Tags:

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India has one of the world's worst records on tuberculosis. This column presents recomm for how to fight it more cost effectively

The global burden of tuberculosis (TB) owes much of its weight to India. Over 3 mil quarter of the world's TB patients in 2011 were from India, with an estimated annua deaths from TB (WHO 2012). The Revised National Tuberculosis Control Programme (estimated to have saved 1.3 million lives over 1997-2006[1]. However, the programme severely underfunded – for the 2012-2013 period, for instance, RNTCP was allocated R crores ($142 million approx.), which is only 2% of the total health sector budget[2].

Under RNTCP, 662 district TB centres and almost 2,700 sub-district TB units work to

The New York Times

November 6, 2012

As Dengue Fever Sweeps India, a Slow Response Stirs Experts' Fears

By GARDINER HARRIS

An epidemic of dengue fever in India is fostering a growing sense of alarm even as governmen problem that experts say is threatening world.

at is sweeping the globe. Reported in just a y) is now endemic in half the world's nations

w, and it keeps getting worse," said Dr. Rama rdinator.

of those infected, can be extremely painful. m-weather vacations with the disease, which nth, health officials in Miami announced a ca

bute to the epidemic's growth, hospitals are allways. At Kalawati Saran Hospital, a pediat under the shade of a huge banyan tree outsid

were deathly ill inside. Eight-year-old Sneh ents treated them at home but then Sneha's t ulders, and her pain grew unbearable.

who has one name. "It is terrible."

ned with dengue fever through October, a 59 eal number of Indians who get dengue fever

engue infections occurring every year in Indi

The Indian EXPRESS

http://indianexpress.com/article/opinion/columns/the-post-dengue-prognosis/

The post-dengue prognosis

Written by **K Srinath Reddy , N R Narayana Murthy** | *Published: September 22, 2015 12:24 am*

An MCD Fumigation Worker at work in the old quarters of Delhi on Monday. Express Photo by Tashi Tobgyal New Delhi 140915

In any free society where terrible wrongs exist, some are guilty; all are responsible." While these words of Rabbi Abraham Joshua Heschel ring true for many social and political ills that appall us, they are also a timely reminder of our collective responsibility to correct the pathetic state of public health in our country. Accepting the failures of a dysfunctional health system with passivity or being pacified by reflexive responses to any crisis, while ignoring the crying need for systemic reforms, makes us all responsible for the poor health indicators that place India behind our South Asian neighbours, other BRICS nations and, for some indicators like child immunisation, sub-Saharan Africa.

DECCAN HERALD

Malaria therapy loses efficacy, raises concern

Kalyan Ray, New Delhi, April 24, 2013, DHNS:

Parasites have found a way to bypass drug

India's preferred therapy to fight a common and dead of efficacy loss, raising public health concerns that r line.

The preferred treatment option for malaria cases by Pla based combination therapy (ACT) in which anti-malaria another medicine for enhanced efficacy.

Efficiency of this second drug in the standard therapy is on the wane, according to a group of Indian resea bypass the drug.

Though there is no therapeutic failure as yet, the st in Odisha, which has one of the highest numbers was seen in tea gardens of north Bengal where, t

"It's an early warning sign for policy-makers. Afte seen clinically," Manoranjan Ranjit, a scientist at who led a team of researchers from RMRC and efficacy of medicines used in the ACT, told Dec

The findings have been published in a recent 15 lakh Indians get infected by malaria parasi deadly Plasmodium falciparum parasite. In O by this parasite.

The WHO favoured the combination therap development of drug resistance. India's ma

स्वाइन फ्लू से सचेत होने की जरुरत

स्वाइन फ्लू ने सारे देश में दहशत मचा रखी है। इस समय देश के अधिकतर राज्यों में यह बीमारी फैल चुकी है। इस बीमारी से सबसे ज्यादा प्रभावित गुजरात, राजस्थान, महाराष्ट्र तथा मध्यप्रदेश है।

स्वास्थ्य मंत्रालय भारत सरकार की ओर से जारी ताजा आंकड़ों के अनुसार अब तक स्वाइन फ्लू से 1,8 09लोगो की मृत्यु तथा 30,76 6 लोग इस महामारी से संक्रमित हो चुके है। गुजरात इससे सबसे ज्यादा प्रभावित है, राज्य में 400 से अधिक लोगो को इस बीमारी नेअपना [illegible] तथा 6 ,271

आवश्यकता नहीं है, समय पर पहचान होने पर इससे बचाव और उपचार संभव है। लेकिन अगर सही समय पर इलाज नहीं किया तो यह वायरस इंसान की जान तक ले लेता है। आगे चलकर बुखार और तेज हो जाता है, खांसी और बढ़ जाती है, सांस मे तकलीफ कई गुना हो जाती है और निमोनिया हो जाता है। जिसके बाद श्वास तंत्र कार्य करना बंद कर देता है एवं मृत्यु हो जाती है।

संक्रमण एवं सावधानियां

यह वाइरस पीड़ित व्यक्ति के छींकने, खांसने, हाथ मिलाने और गले मिलने से फैलता है। संक्रमित

अथवा पानी का अधिकाधिक प्रयोग करें. स्वाइन फ्लू के मरीज, उनके साथ रहने वाले लोगो, स्वास्थ्य कर्मियों को तथा भीड़भाड़ वाली जगहों में जाने से पहले थ्री लेयर सर्जिकल अथवा एन-95 मास्क का प्रयोग करना चाहिए। जिनकी रोग प्रतिरोधक क्षमता कम होती है, उन्हें अधिक सजग रहने की जरुरत है. जैसे की 60 वर्ष से ज्यादा उम्र के व्यक्ति, लीवर, किडनी, डायबबिटीज, दमा एवं एड्स से पीड़ित रोगी, नवजात शिशु एवं छोटे बच्चे, गर्भवती महिलायें आदि।

उपचार

जैसा की हमें ज्ञात है स्वाइन फ्लू [illegible] बीमारी नहीं है, इसका [illegible] है एलोपैथी, [illegible] पैथी एवं योग से [illegible] एवं बचाव किया जा

[illegible]ी

[illegible] फ्लू की पुष्टि होते ही तुरंत [illegible] मेडिसन टेमीफ्लू या [illegible] उपचार प्रारम्भ करना [illegible] तथा अन्य लक्षणों को [illegible] करने के लिए पेरासिटामोल [illegible] सिरप देना चाहिए । ये [illegible] आमतौर पर पांच दिन के [illegible] जाती है। ये फ्लू को पूर्ण रूप [illegible] नहीं करती है, लेकिन ये [illegible] बीमारी की अवधि, लक्षणों [illegible] करने के अलावा न्यूमोनिया [illegible] को भी कम करती है। स्वाइन [illegible] लिए टीका भी विकसित किया [illegible] लेकिन भारत सरकार सिर्फ [illegible] कर्मियों के लिए इसकी [illegible] देती है।

[illegible]युर्वेद एवं योग

[illegible] स्वाइन फ्लू तथा अन्य वायरस [illegible] बीमारियो के उपचार एवं बचाव के लिए आयुर्वेद एवं योग पध्दति में प्रतिरोधक क्षमता बढ़ाने की सलाह दी जाती है। गिलोय (अमृता), नीम, तुलसी एवं आंवला के रस के प्रयोग, जिंक युक्त खाद्य जैसे- सेरल, नट्स, कद्दू,मशरूम और तिल, व विटामिन ए और सी से भरपूर खाद्य प्रतिरक्षी तंत्र को मजबूत करने में बहुत मदद करता है. नीम, तुलसी, हल्दी, मुलैठ, के साथ थोड़ा-सा आंवला, और काली मिर्च का पावडर डालकर काढ़ा का उपयोग भी बचाव एवं उपचार में उपयोगी है।

योग शरीर के श्वसन और प्रतिरक्षा तंत्र को मजबूत करता है। स्वाइन फ्लू जैसी बीमारी से बचने के लिए हमें अनुलोम-विलोम, उज्जायी प्राणायाम, कपालभाति, ताड़ासन, महावीरासन, भुजंगासन, मंडूकासन,और दीर्घश्वसन आदि कर सकते है।

होम्योपैथी

स्वाइन फ्लू के बचाव के लिए होम्योपैथी मेडिसन भी काफी प्रभावी तथा सुरक्षित है. इंफलुएन्जीनम, जेलसीमियम, ओक्सिलोकोकीनम एवं पायरोजेनियम से स्वाइन फ्लू वायरस के प्रति इम्युनिटी बढ़ाई जा सकती है।

सरकार की भूमिका

सरकार को उचित समय, उचित स्थानों (सरकारी एवं प्राइवेट चिकित्सालयों, केमिस्टों) पर आवश्यक दवा (टेमीफ्लू) की उपलब्धता सुनिश्चित करनी होगी।

-डॉ महावीर गोलेच्छा, स्वास्थ्य नीति विशेषज्ञ - एम्स, नई दिल्ली, लंदन स्कूल ऑफ इकोनॉमिक्स एवं लंदन स्कूल ऑफ हाइजीन एंड ट्रॉपिकल मेडिसन से प्रशिक्षित है. वर्तमान में पीएचएफआई से संलग्न है

BioSpectrum the business of bioscience

New Delhi: 14 October 2014

http://www.biospectrumindia.com/biospecindia/news/219273/-emerging-infections-pre-determined

"Emerging infections not pre-determined"

14 Oct 2014, Rahul Koul, Biospecindia

"Irony is that we don't have an effective system. A robust functional health system is essential. Currently, there is an inability in the system to effectively tackle epidemics. Systems not ready at all levels. While the response at the center even if quick, will not be of much use until state governments too have a system in place. If you go down to state levels, preparedness remains an issue as the resources are not enough," Dr Manish Kakkar, senior health specialist, Public Health Foundation of India (PHFI) told *BioSpectrum's* Rahul Koul over the phone.

PHFI IS ENGAGED WITH MULTI-SECTORAL PROGRAMMES FOR HIV PREVENTION IN INDIA

The Impact through **Prevention, Private Sector and Evidence-based Programming Project (PIPPSE)**, supported by the United States Agency for International Development (USAID), is a five-year project on HIV/AIDS programme implementation. This effort is led by PHFI with Futures Group International India Pvt Ltd, and Population Services International (PSI) as partners. PIPPSE provides multi-layered, cutting-edge technical assistance to the National AIDS Control Program (NACP) for institutional strengthening, building evidence and testing multiple innovations, which in turn strengthen the quality and comprehensiveness of programmes for HIV prevention, care and treatment while ensuring private sector engagement in HIV/AIDS prevention and control.

PIPPSE IMPACT

- PIPPSE-supported National Migrant Unit (NMU) in NACO provided strategic and programmatic oversight in scaling up the destination interventions for high-risk migrants from 215 (reaching 2.97 Million migrants) in December 2012 to 315 (covering 3.39 Million migrants) in March 2015.

- PIPPSE-supported Technical Support Units (TSUs) in its focus states (Goa, Gujarat, Kerala, Maharashtra, Rajasthan, Tamil Nadu, Uttarakhand and Uttar Pradesh) by providing programme management and quality assurance support to 38 percent (697/1840) of the total Targeted Interventions (TIs) for prevention of HIV amongst Key and Priority Populations (KPPs).

• PIPPSE provides significant support to the National Integrated Behavioural and Biological Surveillance (IBBS), the largest survey in the world in terms of scale and comprehensiveness of the sample of the key populations, including migrants and Currently Married Women (CMW). National IBBS summary report is expected in December 2015 and PIPPSE is taking lead on data analysis and reporting for migrants and CMW components.

• PIPPSE conducted several research studies, namely, (a) baseline study conducted in Thane district that informed the opportunities and challenges in DNM implementation (b) Polling Booth Survey (PBS) being conducted for migrants in Thane (Maharashtra) and Surat districts and for CMW in Gorakhpur, Basti, Ganjam and Naupada districts to understand the risky behavior that makes migrants and CMW vulnerable to STIs and HIV, and to validate the MSDS tool that is being used in piloting of LCP (c) Behaviour Tracking Survey (BTS) is being conducted for key populations, namely, female sex workers, men having sex with men and injecting drug users in Thane to understand their risk behaviours and vulnerability to STI/HIV/AIDS and service uptake and (d) a special study, as requested by UPSACS, is being conducted among IDUs to validate the IDU numbers in Lucknow and Varanasi districts.

• District Network Model (DNM), a flagship initiative of PIPPSE, in Thane and Palghar districts of Maharashtra, is steering partnerships and mobilising resources through different stakeholders in public, private and NGO sectors for sustainable and synergistic HIV response.

• In coherence with the revised national migrant strategy, PIPPSE piloted source-destination linked corridor program (LCP) across two high migration corridors, namely, Eastern Uttar Pradesh – Thane (Maharashtra), and Ganjam, Cuttack (Odisha) – Surat (Gujarat) to test and refine program strategies and approaches for migrant interventions at source and destination sites.

• PIPPSE has also generated wider interest, particularly in the context of UNAIDS 90:90:90 global strategy, by piloting Phase 1 of Community Based Testing (CBT) for HIV through six TIs in Thane from September 9 to October 31, 2015. In 46 camps, 1,375 individuals were tested and 15 found reactive to HIV.

• In collaboration with the Public Health Technologies Trust, PIPPSE also pre-piloted AIDS Prevention and Treatment System (APATS), a tab based system for real time registration of clients, service delivery

A Peer Educator doing condom demonstration in the community *Photo credit: PIPPSE project*

across prevention to care continuum, and monitoring and reporting. It is reckoned that APATS will help in overcoming challenges with duplication, and in validating the exact number of KPPs.

• The unorganized sector forms 93% of India's workforce. The majority of this forms part of supply chain of industries. Such industries can serve as better intervention points for comprehensive prevention to care programs. Thus, in collaboration with NACO, PIPPSE took a strategic step in designing Employer Led Model (ELM) for engaging industries to reach their informal migrant workers with HIV/AIDS programs. More than 200 industries across the country were enrolled for ELM, while more than 70 industries are actively implementing the program. The ELM enables industries to integrate awareness and service delivery programs within their existing systems, structures and resources.

• In line with the NACP IV (2012-17) vision to consolidate the lessons learned in implementing multiple state and local helplines, and further the efforts to actualise a single National HIV/AIDS Helpline, PIPPSE is supporting such a Helpline, launched on December 1, 2014, on World AIDS Day, by Shri J.P. Nadda, Honourable Minister for Health and Family Welfare, Government of India. Since the launch, 729,102 calls have been received at the server and since the last three months, the helpline has received an average of 70,000 calls per month. PIPPSE also conducted 11 Webex-based refresher trainings for counsellors and supervisors of the Helpline.

• PIPPSE is taking the lead role in providing technical assistance to NACO and SACS in Mainstreaming HIV/AIDS. PIPPSE hired ten regional program managers to provide support in signing state level MoUs with other line departments and roll out of mainstreaming activities. More than 100 Joint Working Groups that have been established to develop HIV inclusive policy in other departments and 107 directives issued by states to extend social protection benefits such as transport concessions, monthly pension, nutrition support, etc. to PLHIV and other vulnerable populations.

In 2008, the Partnership for Sustained Impact (PSI) project was launched. Led by PHFI, this project was aimed at providing techno-managerial and financial support to the National AIDS Control Organization (NACO). Coincidentally, Phase III of National AIDS Control Program was also launched the same year.

• PSI supports the national program through support to the various Technical Support Units (Karnataka, Andhra Pradesh) and also Technical Support Group (TSG) – Condoms. The last of these was constituted by NACO to monitor and oversee the Condom Social Marketing Program (CSMP). Through this, the condom market has grown significantly from 1.8 billion in 2007-08 to 2.7 billion in 2013-14 (including 727 million free condoms). Since August 2015, the project has been directly supporting the TSG-Condom to sustain the core condom social marketing functions.

• PSI has supported the development of communication strategies and materials by NACO and SACS for over eight years. These have ranged from radio and television advertisements for promoting condom use, STI treatment, voluntary blood donation to materials for community members and peer educators. Currently it supports the development of a 360 degree campaign on condom normalisation.

• The project has facilitated **module development and implementation** through national and regional trainers. Further, it has enabled the national program's capacity building efforts through State Training Resource Centres (STRCs). NACO's transfer of Āvāhan's learnings from southern states to 6 identified northern states (Bihar, Odisha, Madhya Pradesh, Uttar Pradesh, Chhattisgarh and Rajasthan) in India is supported by PSI. This has been achieved through establishment and strengthening of 33 learning sites and capacity building of the state TI staff (650+ personnel) in the prevention program.

• An online distance learning programme for **Opioid Substitution Therapy (OST)** was launched by J P Nadda, Hon'ble Union Minister of Health & Family Welfare, Government of India on World AIDS Day 2015. It was developed by the project for building capacities of service providers and personnel engaged in delivering OST in NACO supported centres. This programme is a joint endeavour of National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi, and Public Health Foundation of India (PHFI), New Delhi.

Involving Men - A male peer educator talks about myths and misconceptions to the community men

NEWS

DECCAN HERALD

Continue focus on AIDS programme

Dr Ashok Agarwal Dec 1, 2015,

As World AIDS Day is observed today, India, with more than 20 lakh HIV cases, conti-nues to be a worry. **In 2014, 1.5 million people died of tuberculosis (TB) compared to 1.2 million from HIV/AIDS. Clearly, there is still significant work to be done on both TB and HIV/AIDS. However, this also means there has been a major success in reducing mortality due to HIV/AIDS (a 42 per cent reduction since 2004), which was first detected in 1981 in the United States and in 1986 in India.**

The government-led Indian National AIDS Control Programme (NACP) has been lauded globally as a major success story: HIV incidence (occurrence of new cases) has reduced 57 per cent in 10 years. With this kind of progress, India is at a stage of building on its achi-evements and must strategically focus on activities to reduce new HIV infections to zero.

The UNAIDS, the HIV/AIDS body of the United Nations, has set a global target of '90-90-90' by 2020 – 90 per cent of people in a country are tested and know their status; 90 per cent of those testing positive are put on anti-retroviral therapy (ART); and 90 per cent of those put on ART have a low viral load. Targets are meant to rise 95-95-95 by 2030.

The UNAIDS estimates that reaching the 90-90-90 target will require a total US $14 billion by 2016, including drug costs, service delivery, community mobilisation, ensuring access to testing and retention in treatment, and pre-ART costs.

ndia cannot decrease its HIV/AIDS programme budget but needs to significantly increase it; all the more essential in ght of significant decrease in international funding. The results of decreasing the budget and slowing the programme ay undermine the achievements made so far, leading to a rise in the number of HIV infections and deaths.

ith more than 20 lakh HIV cases, India has been maintaining its position as the country with the third largest mber of HIV infections in the world, after South Africa and Nigeria. Now is the time for India to demonstrate global dership with an effective strategy in eliminating new cases in the shortest possible time.

ough India allocates substantial resources to HIV prevention, there remains work to be done in this realm as well improving education, broadening access to quality treatment and the reducing stigma and discrimination.

government supports implementation of around 1,850 targeted intervention (TI) projects across the country ugh the community based organisations and NGOs. They reach out to high risk populations, namely female sex kers (FSW), men who have sex with men (MSM), transgender individuals (TG), injection drug users (IDU), ant workers and truckers. This strategy has been very successful.

doms and education remain the prime weapons for HIV/AIDS prevention. Research is ongoing for inventing a ising HIV/AIDS vaccine, but preventative prophylaxis (PrEP) for high-risk popula-

Centre must rethink its public health policy

- JVR Prasada Rao, Hindustan Times

India-bears-the-third-highest-burden-of-HIV-AIDS-in-the-world-despite-having-radically-brought-down-the-incidence-of-new-cases-by-57-since-2000-Vijayanand-Gupta-HT-photo

After outstanding successes in reducing new HIV infections and providing life-saving treatment to more than 800,000 persons, India's AIDS control efforts are running into rough weather. The latest bad news is the budget cut in the AIDS programme for 2015-16, which was allocated Rs 1,397 crore — hardly enough for priority interventions, let alone for scaling them up to reach national and global targets. India needs to put another one million people under treatment and enhance testing and prevention programmes to cover 90% of key affected populations for achieving its target of ending AIDS as a public health threat. With the current allocations, the programme will struggle to maintain current and this can potentially lead to a resurgence of the epidemic.

The programme is also dogged by other challenges. The national programme administered since 1992 through the National AIDS Control Organisation (NACO), a semi-autonomous entity established by the health ministry under a senior official of the rank of director general (DG), has scored significant gains in combating AIDS. The programme's success is attributable to the active participation of affected communities and effective decentralisation to autonomous state AIDS societies, which received funds directly from NACO.

Annual new HIV infections dropped from over 360,000 in 1997 to 130,000 in 2013, bringing down the number of infected persons in the country from 3 million to less than 2.1 million. India's success story has been quoted by UN agencies as the best example of a comprehensive response to AIDS.

PHFI is supporting efforts towards prevention and control of HIV/ AIDS in India.

PHFI with support from the Bill and Melinda Gates Foundation implements the Partnership for Sustained Impact (PSI) project which provides technical support to the National AIDS Control Organisation (NACO). The project has set up a quality assurance mechanism for monitoring 1800 targeted interventions (NGOs) across the country. The project also undertakes strategic design and development of training and communication material for training and capacity building at scale.

PHFI with support from USAID is implementing PIPPSE project which is providing technical assistance to the National AIDS Control Program (NACP) to prevent and control HIV/ AIDS in India. PHFI works closely with National AIDS Control Organisation (NACO) and State AIDS Control Societies (SACS). PIPPSE is implementing an innovative District Network Model (DNM) in Thane, Maharashtra; and supporting eight out of 17 Technical Support Units (TSUs) in the country.

Launch of the Mission Indradhanush: An initiative by Ministry of Health and Family Welfare, Government of India to achieve full immunization coverage for all children launched in December 2014. Supported by Bill and Melinda Fates Foundation (BMGF). *Photo credit: PHFI*

WHAT IT TAKES TO VACCINATE 27 Million indian Children: GOING THE LAST MILE

Launched on 25th December 2014 by the Ministry of Health & Family Welfare, Government of India, it was listed as the Ministry's topmost achievement of 2015.

To strengthen and revamp the Universal Immunization Programme (UIP), the Ministry of Health & Family Welfare (MoHFW), Government of India, entered into a Memorandum of Understanding with PHFI. The Immunisation Technical Support Unit (ITSU) supports the Government of India's efforts, in consultation with existing routine immunization partners. ITSU has under its purview: procurement and logistics; cold chain management; Adverse Events Following Immunization Management (AEFI); vaccine quality and safety; strategic communication; monitoring and evaluation; and evidence generation and Vaccine Preventable Disease surveillance (VPD). In addition to the MoU, PHFI is a technical partner to Mission Indradhanush. The Mission aims to ensure full immunization with seven vaccine-preventable diseases for all children under the age of two.

eVIN loggers

eVIN project conceptualised by ITSU, was first piloted 2 districts of Uttar Pradesh.

ITSU and UNDP defined the technical specificitions for eVIN procurement and is being scaled up in UP, MP and Rajasthan. ITSU will evaluating the implementation on behalf of Ministry of Health and Family Welfare (MoHFW).

ASHA worker on Immunisation rounds with her vaccine carrier in Assam
Project: Immunisation Technical Support Unit (ITSU)
Supported by: Bill and Melinda Gates Foundation (BMGF). *Photo credit: Pranab Aich/PHFI*

NEWS & PUBLICATIONS

BioSpectrum the business of bioscience

"Four new vaccines have increased India's immunization strength"

19 Aug 2014, Rahul Koul, Biospecindia

Besides sharing his perspectives on the immunization progr
Laxminarayan, vice president, research and policy, Public H
xplained to BioSpectrum the current scenario on Indian eff

**What kind of overall impact will the recent inclusion of fou
tional immunization program?**

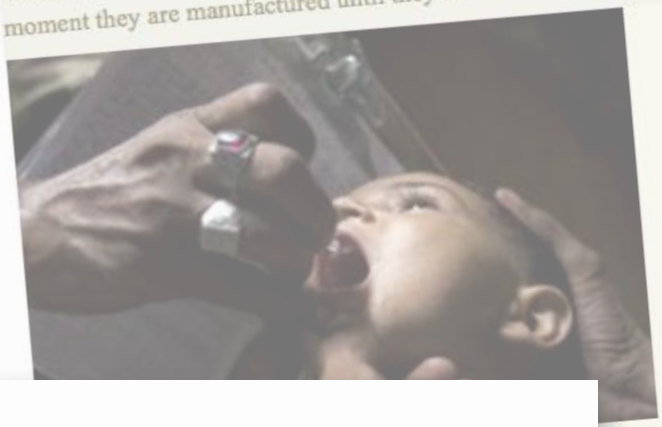
e Government has introduced four new vaccines in the universa
ubt it is a major accomplishment. The existing oral polio vaccine
advantages such as vaccine derived polio cases. It can get into
rid of the polio virus like that as it will continue to remain there.
ctable polio vaccine (IPV) will help in complete elimination and
ets. So, that is a major success for the polio program.

tagious Rubella has been identified as one of the major problem
diatrics. After discussions within the

live mint

The top delivery challenge in India

Vaccine delivery needs more than just syringes and needles. Vaccines need to be kept in a co
moment they are manufactured until they are administered



% vaccination coverage to more than
pment and given in a precise sequenc

bvious until you consider the logistical
cines to remote parts of India. The mu
system has not. However, it's all chang
world—and must deliver a series of va
vaccine doses were administered unde

e full schedule of vaccines and are at ri
in their communities). Every year, one

100% vaccination coverage to more th
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nd needles. The vaccines need to be k
nistered.

ization programmes are now using tec
ent's routine immunization and Mission
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vaccines at optimum temperatures.

support unit of the UIP (universal imm
owing central administrators to monitor
re sensors send information to monito
ot spoil en route to remote areas.

Business Standard

Can the Indradhanush project save 500,000 Indian children?

As many as 1.8 million children in India don't live beyond age 5, despite many of these deaths being vaccine-preventable

Manupriya | IndiaSpend | Bengaluru **November 05, 2015** Last Updated at 11:32 IST

As many as 500,000 children die every year in India due to vaccine-preventable diseases, despite a three-decade old, government-run

BMJ

News

India to introduce rubella and rotavirus vaccines and inactivated polio vaccine

BMJ 2014; 349 doi: http://dx.doi.org/10.1136/bmj.g4844 (Published 25 July 2
as: BMJ 2014;349:g4844

Ganapati Mudur
1. 'New Delhi

The Indian government has accepted the recommenda
scientific and medical experts to introduce vaccin
injectable inactivated vaccine against polio in

The government announced earlier th
the universal immunisation progr
free vaccines against diphther
polio, tetanus, and tubercu
vaccine against Japa

Health offic
caused by
India—whic
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magnitude and
challenges to vac

Vaccines against rub
by paediatricians in the
Prime Minister, Narendra
"The government will now
of the society, regardless of s

The government estimates that
year and lead to about a million be
reproductive age in India are suscep
rubella syndrome is 123 cases in every

THE HINDU BusinessLine

Giving immunisation a shot in the arm

Ramanan Laxminarayan

eale from diseases ZSOOOFIJA/SHUTTERSTOCK.COM

sh has undertaken, so that India's children get

ect our children from numerous
en die every year due to
isk because they are
e are unacceptable for
ional for more than
e increased by
nt coverage

ready with SMS-based vaccine monitoring

em

ng SMS-based monitoring and electronic vaccine intelligence network (eVIN), officials sitting at the Centre wi
o manage vaccine movement, consumption and availability. Sushmi Dey | TNN | 17 January 2016, 11:51 PM IST

eVIN project
conceptualised by ITSU

ence network, officials at the Centre will be able to manage vaccine movement,
en inspecting officials visited Faridpur community health centre near Bareilly,
were shocked to find country-made liquor bottles stocked in the freezer inst
had become unfit for use.

Healthy Habits Start Young: PHFI works on projects that promote awareness on the importance of balanced nutrition and regular physical activity for a healthy lifestyle among school children

“In health there is liberty.
health is the frst of all liberties…”

— AMIEL

Two day refresher training and review meeting of Healthy Activity Programme (WHO tool) with front line workers of Doraha, Madhya Pradesh under PHFI's PRIME (Programme for Improving Mental Health Care) project

6

ALIGNED TO HEALTH SYSTEM STRENGHTENING INITIATIVES

PHFI IS WORKING TOWARDS REDUCING DISEASE BURDEN OF TOBACCO

Using innovative interventions and multi-sectoral partnerships, PHFI has been taking the lead in reducing the health burden of tobacco through multi-sectoral tobacco control initiatives such as — evidence-based economic and policy research, advocacy, community-based cessation strategies, and media engagement. Some of the major milestones:

In a major project undertaken by PHFI, 3700 villages in Andhra Pradesh and Gujarat implemented tobacco control initiatives through engagement of gram panchayats, local community leaders and members of the public. Community interventions under the project helped Pongalipakka village in Andhra Pradesh, inhabited by 1632 people, became tobacco-free on the World No Tobacco Day, May 31, 2012. The project was successful in developing National, State and District Resource Hubs and building capacity through systematic training, workshops and meetings of state level government officials of health & education departments of AP & Gujarat and training of over 2300 teachers and 6250 peer leaders from 960 schools; 4500 health care providers including physicians, counselors, nurses, ANMs, lab technicians & pharmacists; 34 state-based senior journalists and 30 vigilante reporters; 1500 law enforcers and 700 Self Help Group (SHG) members.

PHFI organised The International Conference on Public Health Priorities in the 21st Century: The Endgame for Tobacco in September 2013 which witnessed participation of 600 delegates from across the world along with government representatives from 40 countries, government officials, World Health

School students advocating for 85% pictorial health warnings on tobacco product packages by April 2016 as part of 'No More Tobacco' in 21st century (NMT21C) programme launched by PHFI

Organisation experts, tobacco control advocates and experts, youth and media. The conference was partnered by 23 national and international agencies and organizations including MoHFW and WHO among others. During the conference, a 23-point Declaration was adopted, strongly recommending ratification and full implementation of the WHO Framework Convention on Tobacco Control (FCTC) by all countries through an action plan that includes :raising tobacco taxes, mandating plain packaging for all tobacco products, progressively reducing the land under tobacco cultivation, prohibiting sale of tobacco to all persons born after 2000, developing a comprehensive set of tobacco cessation services, and de-normalising of tobacco industry. This conference also witnessed the launch of **"No More Tobacco in the 21st Century" (NMT21C) – a youth campaign** by PHFI and its partners, as the vanguard of a global movement for elimination of tobacco. NMT21C has been endorsed by several world leaders and supported by youth advocates all over the world.

PHFI has undertaken research on **the economic burden of tobacco use in India** estimating the economic costs attributable to tobacco and found from all diseases in India in the year 2011 for persons aged 35-69 years, a total of Rs. 1,04,500 crores (US$ 22.4 billion) in economic costs can be ascribed to tobacco use. The findings of the study were released by Former Union Minister for Health and Family Welfare Dr. Harsh Vardhan on 29 May 2014. PHFI has undertaken a study on tobacco taxes and their impact on revenue and consumption, in an effort to reduce the financial consequences of direct and indirect costs of tobacco attributable diseases. This study titled 'An Empirical Study of India's Fiscal Policies against Tobacco: A State Level Analysis', calls for urgent action at the national and state levels to increase tobacco taxes. On all categories of tobacco products.

PHFI continues to advocate for a number of initiatives to reduce the burden of tobacco related diseases in India, in partnership with sevral other civil society representatives and the World Health Organisation (WHO).

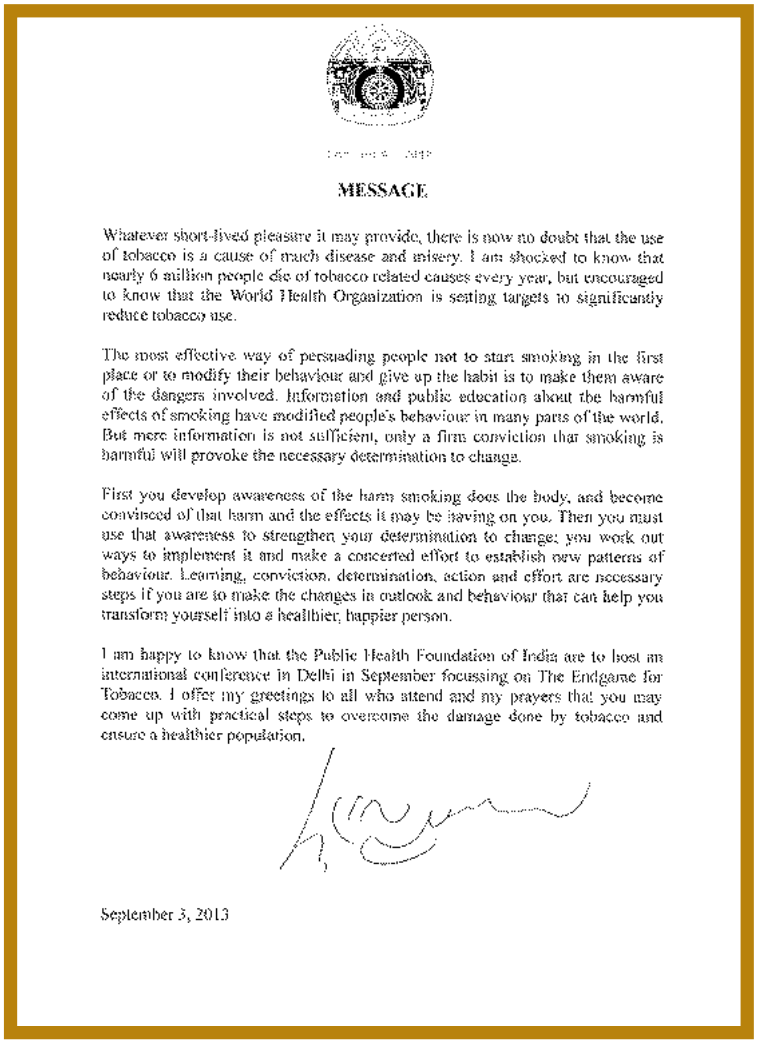
International Conference on Public Health Priorities in the 21st Century: The Endgame for Tobacco (2013). L-R: Keshav Desiraju; Prof Pekka Puska, Dr Margaret Chan, Ms. Avni Sharma, Shri Ghulam Nabi Azad, Prof K.S. Reddy, Dr Monika Arora. *Photo credit: PHFI*

The Global Youth Meet 2015, organised by PHFI and HRIDAY at Vishakapatnam.
The conclave had participation from over 33 countries and 160 foreign and Indian delegates.

The Youth launched the GUARD OUR GLOBE campaign. The Declaration recalls the newly adopted sustainable development goals and recommended youth-led action points to advance each of the 17 goals. The Declaration also calls on world leaders to prioritise youth participation and identify mechanisms for youth engagement in the national and global agendas.

Former Indian Cricket Captain Rahul Dravid appointed as the Brand Ambassador for Tobacco Control by the Ministry of Health and Family Welfare, Government of India, after he agreed to a request from PHFI. *Photo Credit: PHFI*

WORLD SPIRITUAL LEADERS RESPOND TO PHFI'S CAMPAIGN FOR TOBACCO CONTROL



MESSAGE

Whatever short-lived pleasure it may provide, there is now no doubt that the use of tobacco is a cause of much disease and misery. I am shocked to know that nearly 6 million people die of tobacco related causes every year, but encouraged to know that the World Health Organization is setting targets to significantly reduce tobacco use.

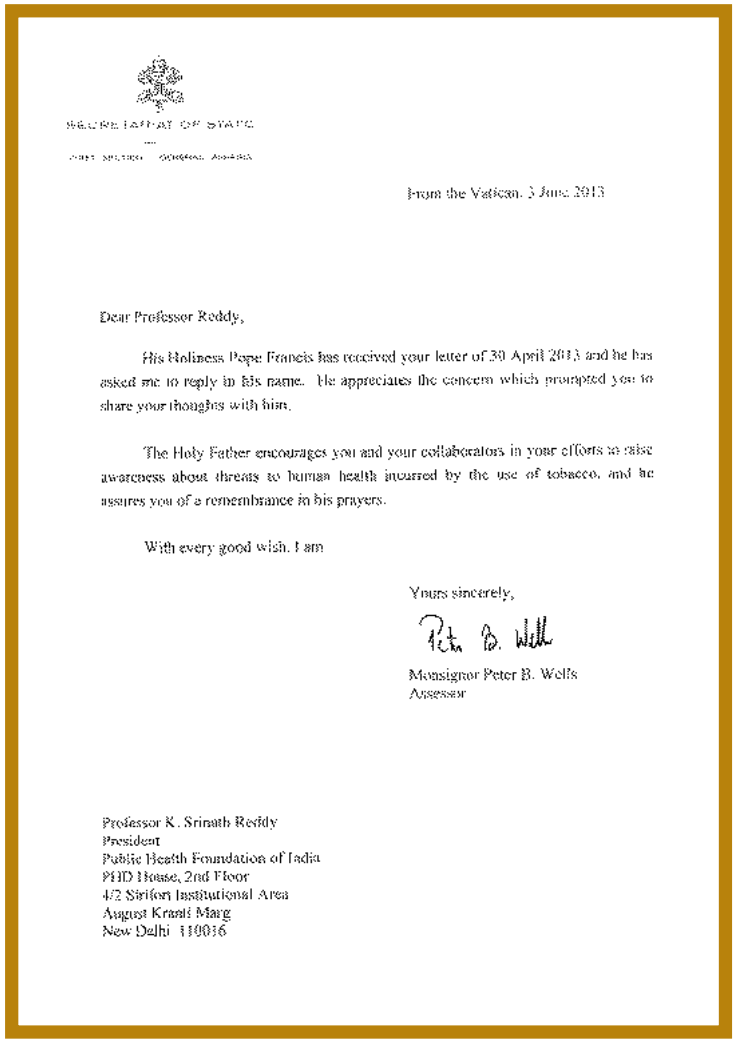
The most effective way of persuading people not to start smoking in the first place or to modify their behaviour and give up the habit is to make them aware of the dangers involved. Information and public education about the harmful effects of smoking have modified people's behaviour in many parts of the world. But mere information is not sufficient, only a firm conviction that smoking is harmful will provoke the necessary determination to change.

First you develop awareness of the harm smoking does the body, and become convinced of that harm and the effects it may be having on you. Then you must use that awareness to strengthen your determination to change; you work out ways to implement it and make a concerted effort to establish new patterns of behaviour. Learning, conviction, determination, action and effort are necessary steps if you are to make the changes in outlook and behaviour that can help you transform yourself into a healthier, happier person.

I am happy to know that the Public Health Foundation of India are to host an international conference in Delhi in September focussing on The Endgame for Tobacco. I offer my greetings to all who attend and my prayers that you may come up with practical steps to overcome the damage done by tobacco and ensure a healthier population.

September 3, 2013

Message from His Holiness The Dalai Lama



From the Vatican, 3 June 2013

Dear Professor Reddy,

His Holiness Pope Francis has received your letter of 30 April 2013 and he has asked me to reply in his name. He appreciates the concern which prompted you to share your thoughts with him.

The Holy Father encourages you and your collaborators in your efforts to raise awareness about threats to human health incurred by the use of tobacco, and he assures you of a remembrance in his prayers.

With every good wish, I am

Yours sincerely,

Monsignor Peter B. Wells
Assessor

Professor K. Srinath Reddy
President
Public Health Foundation of India
PHD House, 2nd Floor
4/2 Siri Fort Institutional Area
August Kranti Marg
New Delhi 110016

Message from His Holiness Pope Francis

NEWS & PUBLICATIONS

THE ECONOMIC TIMES

http://economictimes.indiatimes.com/opinion/interviews/budget-2016-impose-more-taxes-on-alcohol-tobacco-products-says-k-srinath-reddy-phfi-president/articleshow/51130913.cms

Budget 2016: Impose more taxes on alcohol, tobacco products, says K Srinath Reddy, PHFI President

By *Prabha Raghavan*, ET Bureau | Feb 25, 2016, 04.44 AM IST

Post a Comment

The finance ministry should impose heavier taxes on tobacco, sugared b
...ants to arrest India's growing non-communicable diseases (NCDs)

DH

DECCAN HERALD

As India waits for proof, 3,500 succumb to tobacco daily

Dr Monika Arora, April 6, 2015, DHNS

while globally, tobac...

...ngthened and countries are adopting targets ...on increasing size of pictorial health warning...

...alth Organisation's Framework Convention on ...ides countries to ad... ...sed measure... ...ghboring

...ds over Rs ..., which ...markably. ...es different ...ny form is ...d of the

...se. ...rs of ...f the

oneworld.net

Primary health care: The cornerstone for tobacco cessation

Dr Rajmohan Panda and Hayden McRobbie

Dec 10, 2014

Physicians have an extremely important role to play in tol...
Hayden McRobbie.

New Delhi: The recent news that sale of loose cigarettes may ...
cigarettes and other tobacco products could be increased from ...
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...d assistance fro...
...work towards st...
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...effective tobacco...
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...co uses to stop by si...
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...hese data show that br...
...erm. In fact for around ...

Addiction

TRIAL PROTOCOL

doi:10.1111/add.12420

A cluster randomized controlled trial of a brief tobacco cessation intervention for low-income communities in India: study protocol

Bidyut K. Sarkar[1,2], Lion Shahab[2], Monika Arora[1], Fabiana Lorencatto[3], K. Srinath Reddy[1] & Robert West[2]

Public Health Foundation of India, New Delhi, India,[1] Department of Epidemiology and Public Health, University College London, London, UK[2] and NCSCT, University College London, London, UK[3]

ABSTRACT

Background India has 275 million adult tobacco users and tob...
million deaths in the country...

Research

Open Access

BMJ open

accessible medical research

Are socioeconomic disparities in tobacco consumption increasing in India? A repeated cross-sectional multilevel analysis

Nandita Bhan,[1] Swati Srivastava,[2] Sutapa Agrawal,[3] Malavika Subramanyam,[4] Christopher Millett,[5] Sakthivel Selvaraj,[2] S V Subramanian[1]

To cite: Bhan N, Srivastava S, Agrawal S, *et al.* Are socioeconomic ...

ABSTRACT

Objectives: India bears a significant portion of the global tobacco burden with high prevalence of tobacco ...

ARTICLE SUMMARY

Article focus

Differences in tobacco use among young people in urban India by sex, socioeconomic status, age, and school grade: assessment of baseline survey data

K Srinath Reddy, Cheryl L Perry, Melissa H Stigler, Monika Arora

Summary

Background The epidemic of tobacco use is shifting from developed to developing countries, including India, where increased use is expected to result in a large disease burden in the future. Changes in prevalence of tobacco use in ...
...are important to monitor, since increased use by young people might be a precursor to increased rates in ...

THE ECONOMIC TIMES

dia mulls total ban on e-cigarettes, as vernment panel says safety not tablished

T Bureau | 30 Aug, 2014, 01.21AM IST

An expert panel on e-cigarettes constituted by the health ministry safety has not been established.

ET SPECIAL:

cigarettes, a

mended a blanke
s of the panel,
ticularly among

ublic health

Indiatimes| The Times of India |The Economic Times

THE TIMES OF INDIA
INDIA

City India World Business Tech Cricket Sports Entertainment TV Life & Style Travel Blogs Photos Videos ePape

News Home » India

Hike sin tax on tobacco by up to 40%: Health ministry

Sushmi Dey | TNN | Feb 18, 2016, 06.48 AM IST

A- A+

Times Wellness.com
PRESENTS

DIALOGUE ON TOBACCO & CANCER

THE ECONOMIC TIMES, FRIDAY, MAY 31, 2013

ADVERTORIA

Say no to tobacco today!

The need of the hour is to create mass awareness rive home

QUOTE UNQUOTE

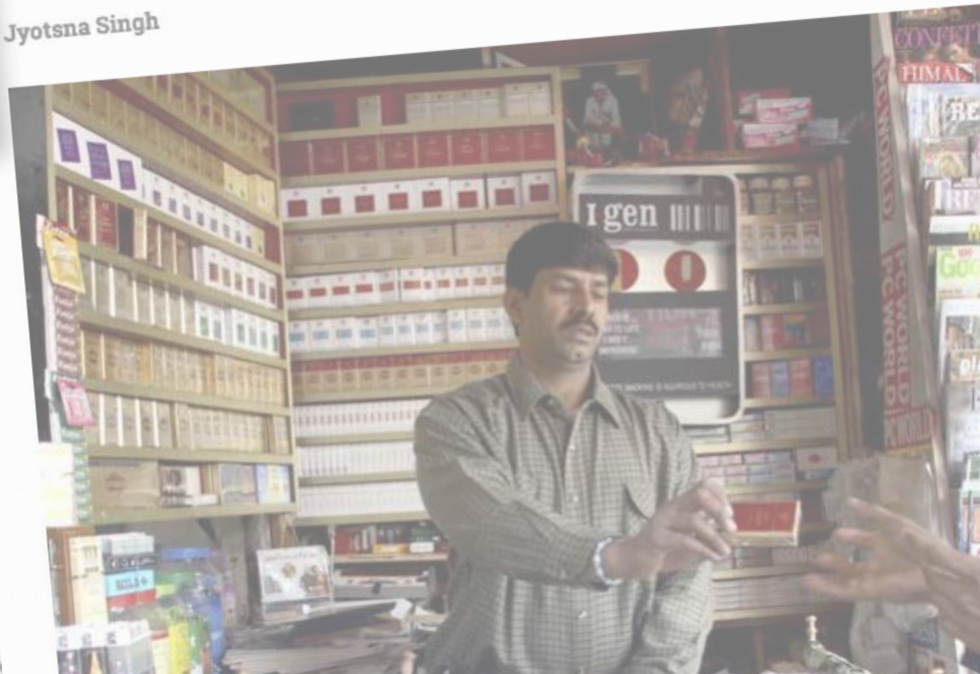
live mint

26 February 2016 | E-Paper

Home | Companies | Industry | Politics | Money | Opinion |
Infrastructure | Education | World | Reports | Agriculture

Health ministry study recommends increase in tax on tobacco

Jyotsna Singh



Smok
users
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The govt ha
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forward to c

DR ANURITA MAUJ

BUILDING AN EVIDENCE BASE ON CHRONIC CONDITIONS IN INDIA

Chronic Non - Communicable diseases now account for 60% of all deaths in India. It is estimated that they will cause an economic loss of 4.58 trillion USD between 2011 and 2030.

Chronic conditions are a diverse group of diseases, ranging from cardiovascular disease and diabetes to mental and neurological disorders. Collectively they pose the biggest health challenge of the 21 century, for both rich and poor countries alike. There is a growing commitment to tackle chronic conditions both globally (as exemplified in the World Health Organisation's global action plan for the prevention and control of Non-communicable diseases and WHO's its Comprehensive Mental Health Action Plans), and in India, through major national health policy initiatives.

The under-recognised and unmitigated impact of the chronic conditions threatens to jeopardise economic development and is already preventing millions of families from escaping poverty. The rising number of people suffering from multiple chronic conditions

LEFT TO RIGHT Prof. Prabhakaran (PHFI), Dean Curran (Emory University), Prof. Reddy (PHFI), Shri Y.S. Chowdary, Honourable Minister of State for Science and Technology, Prof. Anne Mills (LSHTM) and Prof. Nikhil Tandon (AIIMS) unveil report on Chronic Conditions in India

A woman getting her blood - sugar test done at a community health center under the UDAY Project

simultaneously highlights the need for innovative, person - and family-centred approaches towards understanding and tackling these conditions in a holistic manner.

The chronic care paradigm encompasses preventive and therapeutic care, and both must incorporate risk-factor management. This quest requires a vision which is inter-disciplinary, integrating diverse biomedical fields, clinical and public health sciences, and biological and social sciences. It is with this goal in mind that PHFI, in June 2014, merged its Centre for Cardio Metabolic Risk Reduction in South Asia (CARRS), South Asia Network for Chronic Disease (SANCD) and Centre for Mental Health (CMH) with the Centre for Chronic Disease Control (CCDC) to launch the Centre for Chronic Conditions and Injuries (CCCI).

With the objective of generating knowledge that can impact policy and practice aimed at reducing the burden of chronic conditions in India and beyond, the secretariat of CCCI launched the new Centre for Control of Chronic Conditions (4C) on 7th April 2015. The 4C is an international partnership between four leading institutions: the All India Institute of Medical Sciences (New Delhi) (AIIMS), Emory University, the London School of Hygiene & Tropical Medicine (LSHTM) and the Public Health Foundation of India (PHFI). The secretariat of CCCC is located at PHFI.

The approach taken by the 4C is an integrated one, addressing a range of morbidities, encompassing individuals and those they share a home with and guided by the principle that it is not diseases that matter, but people – and the families and communities they live in. 4C, in collaboration with its partners across India and abroad, is already engaged in a number of such integrative studies, from cohorts assessing the patterns and consequences of multiple morbidities to evaluating new models of care delivered by non-physician health care providers.

NEWS & PUBLICATIONS

THE HINDU

Published: November 29, 2015 01:50 IST | Updated: November 29, 2015 03:4
IST November 29, 2015
INDIA AND DIABETES

Managing a great epidemic

D. Prabhakaran

day, over 300 million people liv

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and rich man's disease but we n
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THE INDIA TODAY GROUP

daily

Depression in India is rising, but we can't even talk about it

There is an urgent need to scale up services for trea

RAHUL SHIDHAYE

Mrs B is a 54-year-old woman living in a m
Her son is settled in a developed country U
married and lives in city F. She is a homema
husband. Their financial condition is very st
looking forward to his post-retirement life. S
months she has been feeling very tired throu
not been able to sleep at night and has been
morning feeling very tense.

Earlier she used to eat two-to-three rotis at a

THE TIMES OF INDIA

India's first Center for Control of Chronic Condition

Minister of State for Science and Technology Y.S. Chowdary on Tuesday launched the country's first 'Center for Control of Chronic Condition', hoping it will bridge the gap in healthcare.

The Center for Control of Chronic Condition is an international partnership between Delhi's AIIMS, US-based Emory University, the London School for Hygiene and Tropical Medicine and the Public Health Foundation of India (PHFI).

ernment has always lacked a master blueprint for the development of
the Center for Control of Chronic Condition will bridge the gap that has

tistics, chronic conditions -- heart diseases, cancer, strokes, diabetes and
cause behind deaths in India. They account for 60 percent of the total
y.

Agrawal et al. Nutrition Journal 2014, 13:89
http://www.nutritionj.com/content/13/1/89

NUTRITION JOURNAL

Open Access

RESEARCH

Type of vegetarian diet, obesity and diabetes in adult Indian population

Sutapa Agrawal[1*], Christopher J Millett[1,2], Preet K Dhillon[1], SV Subramanian[3] and Shah Ebrahim[1,4]

Abstract

Background: To investigate the prevalence of obesity and diabetes among adult men and women in India consuming different types of vegetarian diets compared with those consuming non-vegetarian diets.

Methods: We used cross-sectional data of 156,317 adults aged 20–49 years who participated in India's third National Family Health Survey (2005–06). Association between types of vegetarian diet (vegan, lacto-vegetarian, ovo-vegetarian, pesco-vegetarian, semi-vegetarian and non-vegetarian) and self-reported diabetes status and estimated using multivariable logistic regression adjusting for age, gender, alcohol use, and television watching.

DECCAN HERALD

Stress at work: A pill or a p

BY DR GIRIDHAR BABU, JULY 31, 2015, DHNS

You must have read a young techie died of heart atta
discarding these as frivolous, have you wondered wh
die so early? We all go to work to make a good living
questions have enthused many public health researc
stress.

Studies done in India indicate that nearly one third c
untreated, high blood pressure can result in heart a
cardiovascular diseases, CVD). Sadly, not many wi
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from around the world

focus on India

Impact of a Worksite Intervention Program on Cardiovascular Risk Factors

A Demonstration Project in an Indian Industrial Population

Dorairaj Prabhakaran, MD, DM, MSc, Panniyammakal Jeemon, MPH,* Shifalika Goenka, MBBS, PhD,* Ramakrishnan Lakshmy, MD,† K. R. Thankappan, MD, MPH,‡ Faruq Ahmed, MD,§ Prashant P. Joshi, MD,‖ B. V. Murali Mohan, MD,¶ Ramanathan Meera, MBBS, MPH,# Mohas S. Das, MD, DM,** Ramesh C. Ahuja, MD, DM,†† Ram Kirti Saran, MD, DM,†† Vivek Chaturvedi, MD, DM,† K. Srinath Reddy, MD, DM, MSc†‡‡*

THE ECONOMIC TIMES

Dr. Preet Dhillon Sr. Scientific Officer, Public Health Foundation of India (PHFI)

Breast cancer in India : Need for greater awaren

mportant to reflect on the most
Health Organization (WHO), for the
ancer as the most common
developing and all 'Western'
ere over 1.4 lakh new breast

live mint

Rahul Shidhaye | Policy needed to check depression

There can be no health without mental health, and so it is high time
burden of depression

ression is a risk factor for a number of non-communicable disea
the risk for depressio

THE ECONOMIC TIMES

Policy Issues for Cancer Control i India

25 Feb 2015

trolling communicable and
child health. While there ar
cancer, less than 50,000 w
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Another main task of NCCP
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Review Article

What are the Evidence Based Public Health Interventions for Prevention and Control of NCDs in Relation to India?

Kavita Singh, K Srinath Reddy[1], Dorairaj Prabhakaran[2]

Centre for Chronic Disease Control (CCDC), New Delhi and Centre for Cardio-metabolic Disease Risk Reduction in South Asia – Centre of Excellence (CARRS – COE), [1]Public Health Foundation of India, [2]CCDC and CARRS-COE, New Delhi, India

ABSTRACT

The accelerating epidemics of noncommunicable diseases (NCDs) in India call for a comprehensive public health response which can effectively combat and control them before they peak and inflict severe damage in terms of unaffordable health, economic, and

SETTING THE STAGE FOR UNIVERSAL HEALTH COVERAGE IN INDIA

PHFI has been at the forefront of technical support and advocacy efforts around India taking forward the agenda of adopting a framework of Universal Health Coverage through the active engagement of all stakeholders. PHFI was the designated secretariat, for the High Level Expert Group (HLEG) on Universal Health Coverage. The group was constituted by the Planning Commission of India in October 2010, under the chairmanship of Professor K. Srinath Reddy with the mandate of developing a framework for providing easily accessible and affordable healthcare to all Indians. The report was released by the Government of India (GoI) in 2012.

Since the release of the HLEG report, PHFI has embarked on a series of translational and policy research initiatives at state and central levels. Ongoing technical projects and evaluations include six areas of focus: (1) health financing, insurance and financial protection (2) human resources for health (3) health sector governance and management (3) comprehensive primary health services (4) community involvement and public-private partnerships (5) access to medicines and pharmaceutical sector reforms (6) influencing the social determinants of health (8) awareness of gender issues in relation to access and equity for universal health coverage.

PHFI is currently offering technical support in the roll-out of UHC pilots in 2 districts each in the states of Kerala and Karnataka.

Professor Gita Sen addressing athe opening session on – **India's UHC: Vision and Roadmap** organised by PHFI and HEAI

LEFT TO RIGHT Prof Gita Sen, Mr Anshu Prakash (MOHFW), Professor Reddy (PHFI), Dr Samit Sharma (IAS), Rajasthan

NEWS & PUBLICATIONS

HINDUSTAN TIMES, NEW DELHI
MONDAY, JULY 09, 2012

A cure for all ills

Physicians must prescribe quality-assured generic drugs that are cheap and effective instead of branded alternatives, writes K Srinath Reddy

It is such a joy to see a celebrity championing public causes, rather than promoting junk food, fairness creams or alcohol. After raising the important issue of generic medicines in his television sho
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The facts presented by
reports and advocacy
So what is new? It
compellingly presented
health researchers and
hand, love stories. Khar
into a moving narrativ
India has the dubio
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IF GOVERNMENTS CH
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Review
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THELANCET-D-14-05135
S0140-6736(15)00955-1
Embargo: [add date when known]

Assuring health coverage for all in India

Vikram Patel, Rachana Parikh, Sunil Nandraj, Priya Balasubramaniam, Kavita Narayan, Vinod K Paul, A K Shiva Kumar, Mirai Chatterjee, K Srinath Reddy

Lancet 2015; 386: 2422–35

London School of Hygiene & Tropical Medicine, London, UK (Prof V Patel FMedSci); Public Health Foundation of India, Gurgaon, India (Prof V Patel, P Balasubramaniam MPH, Prof K S Reddy MD, R Parikh MPH, S Nandraj MA, K Narayan FACHE); Public Health Foundation of India and Royal Norwegian Embassy Universal Health Initiative, New Delhi, India (P Balasubramaniam); Department of Paediatrics, All India Institute of Medical Sciences, New Delhi, India (Prof V K Paul MD); Independent Researcher and Policy Analyst, New Delhi (A K Shiva Kumar PhD); Sewa,

Successive Governments of India have promised to transform India's unsatisfactory health-care system, culminatin
in the present government's promise to expand health assurance for all. Despite substantial improvements in som
health indicators in the past decade, India contributes disproportionately to the global burden of disease, witl
health indicators that compare unfavourably with other middle-income countries and India's regional neighbours
Large health disparities between states, between rural and urban populations, and across social classes persist.
large proportion of the population is impoverished because of high out-of-pocket health-care expenditures an
suffers the adverse consequences of poor quality of care. Here we make the case not only for more resources but fo
a radically new architecture for India's health-care system. India needs to adopt an integrated national health-car
system built around a strong public primary care system with a clearly articulated supportive role for the privat
and indigenous sectors. This system must address acute as well as chronic health-care needs, offer choice of car
that is rational, accessible, and of good quality, support cashless service at point of delivery, and ensure accountabilit
through governance by a robust regulatory framework. In the process, several major challenges will need to b
confronted, most notably the very low levels of public expenditure; the poor regulation, rapid commercialisation o
and corruption in health care; and the fragmentation of governance of health care. Most importantly, assurin
universal health coverage will require the explicit acknowledgment, by government and civil society, of health car
as a public good on par with education. Only a radical restructuring of the health-care
equity and eliminates impoverishment due to out-of-
2022—a fitting way to

hindustantimes

niversal coverage is the only cure for health scandals

Vikram Patel

Updated: Dec 18, 2015 01:32 IST

There is a definite need for a standardised unified healthcare system in our country, without such a wide gap between the rich and the poor. (AP Photo)

On a trip to Bihar this week, I came across a story in the local edition of a national newspaper reporting a study by the Bihar chapter of the People's Health Movement. The story reported the cost incurred by a sample of patients who had been admitted to government-run health centres.

They found that the average cost per admission was about seven times the average monthly income of the respondents, which led to high levels of distress sales and borrowing from money-lenders. It was astonishing how these costs were incurred in government facilities, where many believe that care is largely free. Of course, it would come as no surprise to learn that the recent National Sample Survey data reported that the out-of-pocket expenditure has gone up four-fold in the private sector.

High Level Expert Group Report on Universal Health Coverage for India

Instituted by the Planning Commission of India

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

JULY 2, 2015

INTERNATIONAL HEALTH CARE SYSTEMS

India's Aspirations for Universal Health Coverage

K. Srinath Reddy, M.D., D.M.

How does one rate a health system that attracts medical tourism for its high-quality, low-cost advanced care, even as it lags behind many developing countries on key health indicators? What can we

ners regarded health expenditures as financially nonproductive social spending, and public financing levels were low. Poorly resourced public services failed to meet the health needs of an expanding population. The emer-

THE HINDU

What universal health assurance can mean for India

Priya Balasubramaniam; Robert Yates

logged areas infested with sewage, debris, uncleared garbage and rain-damaged medical f
t myriad opportunities for infectious/vector-borne disease outbreaks. — File Photo

chievable for this country that has made tremendous progress in univers
nization.

he last few weeks, India and the world watched in disbelief as Chennai, th
t city in country was crippled by unusually vicious monsoon rains. As the c
oring areas were pounded with over 400 mm of continuous rain, many pa
tropolis gave way to the deluge of water that inundated large swathes of la
ng away its residents, infrastructure and powerlines in its wake.

aftermath amidst now fetid pools of receding water, city and state and soc
ock of the devastation- more than 300 people dead, several hundred miss
nds of homes destroyed by flood waters. While poor urban planning, illeg
ction and lack of storm water drainage are attributed in large part to the

“Every child has the right to be well born.”

—John Ruskin

PHFI documented case studies of
Innovations in Maternal Health

MAKING A DIFFERENCE IN MATERNAL AND CHILD HEALTH

Healthy women and children are the cornerstone of public health and key to progress in every aspect of human development. Through knowledge generation and advocacy, efforts are being undertaken by PHFI at various levels,to impact the lives of women and children in India. Some of the major initiatives undertaken include:

- An extensive report on neonatal health in the country was developed by PHFI and partners. The State of India's Newborn Report (SOIN)-2014 was released by Hon'ble Former Health Minister Dr Harsh Vardhan, Mr. Bill Gates and Ms. Melinda Gates in September 2014. It highlights existing evidence, implementation status of programmes, innovations for better implementation, and an analysis of health system and policies from the perspective of extending needed scare to the newborns.

- A PHFI-led initiative aims to develop and scale up evidence-based interventions to improve Reproductive, Maternal, Newborn and Child Health (RMNCH) behaviours amongst marginalised populations in Uttar Pradesh. This project seeks to layer health programs on women's Self Help Groups (SHGs), created around micro-finance, to increase knowledge, enhance skills, and promote improved behaviour and practices for safer pregnancies, new-born care and child health.

- PHFI is also leading large scale innovative pro-poor programs focused on reducing maternal mortality in India. The study aims to develop a methodology to assess the comparative impact of two large scale programs for financing maternal healthcare in India: Chiranjeevi Yojana (CY), which has a targeted bursary approach versus the conditional cash transfer approach of Janani Suraksha Yojana (JSY).

Book on Maternal case studies launched by PHFI.

• PHFI is working closely with the Government of Haryana and has undertaken two different populations based case control studies for the Use of Sex Selection Drugs (SSDs). Results have shown that the use of these drugs is strongly associated with congenital malformations and stillbirths.

• PHFI has undertaken a study to understand what women need during childbirth and which health care services can best address these needs. The aim of this effort is to replicate and contextualize in states with similar socio-economic and health parameters.

• PHFI and its constituent IIPH researchers continue to contribute to maternal and child health through implementation research, field work, reports, books and publications. PHFI has also compiled a compendium of innovative programme practices in family planning delivery and case studies on maternal health for health professionals and academicians.

NEWS & PUBLICATIONS

THE ASIAN AGE

Delhi | Mumbai | Kolkata | London

Ek shahenshah ne banwa ke haseen Taj Mahal...

Dileep Mavalankar

Since the brutal gang
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In public health, it
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THE TIMES OF INDIA

Ask women what they want!

IANS | Aug 22, 2012, 02.55PM IST

Was the labour room clean, was the medical staff polite and caring, were the mother and baby looked after properly? These are among questions proposed to be asked of women post delivery to determine if the quality of services provided at rural health centres was satisfactory and met expectations.

respect for the woman's privacy, and good behaviour by the medical staff --

The Telegraph

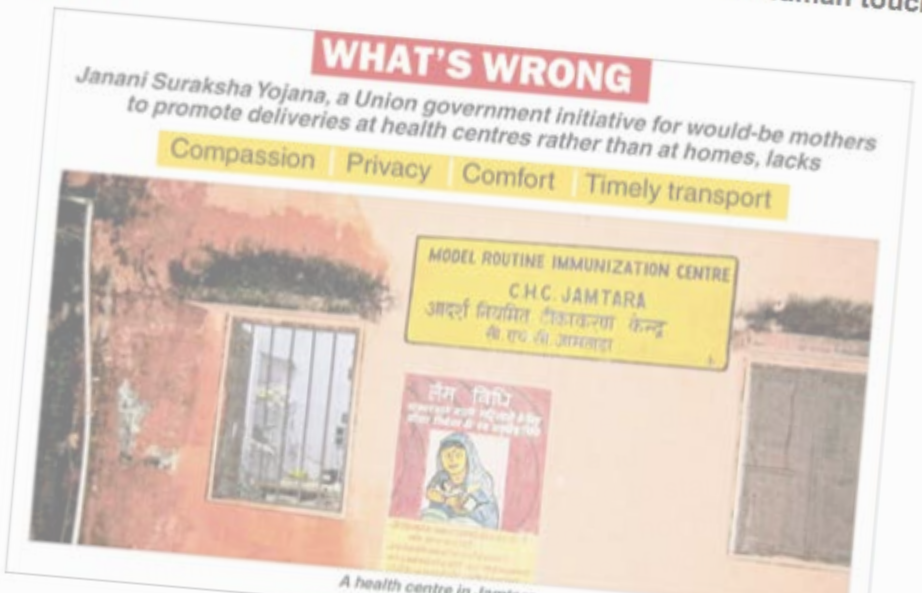
calcutta, india

Shut up and give birth

At health centres, moms miss human touch

- Jharkhand shows how Centre's scheme for mothers lacks human touch

G.S. MUDUR



Innovations in
FAMILY PLANNING
Case Studies from India

Edited by
JAY SATIA • KAVITA CHAUHAN
ARUNA BHATTACHARYA • NIRMALA MISHRA

PHFI works on research projects which promote healthy diet and nutrition.
Photo Credit: CCDC and PHFI

“The doctor of the future will no longer treat the human frame with drugs, but rather will cure and prevent disease with nutrition.”

—THOMAS EDISON

FUTURE OF NUTRITION AT THE TIME OF DEVELOPMENTAL TRANSITION

PHFI is committed to reducing nutrition-related problems in India by being involved in nutrition research, advocacy, policy development, and capacity building. In order to identify the current strengths and gaps in the area of nutrition-relevant capacity in India, PHFI is performing an assessment of the curriculum and capacity of institutions that offer academic programs in nutrition in India, followed by in-depth case studies of centers of excellence in research and academia. PHFI is also conducting focus group discussions with young professionals and scholars as well as key informant interviews with leaders in the field of public health nutrition to identify the future roadmap of public health nutrition education and formulate an international standard curriculum in public health nutrition.

The post graduate Diploma in Public Health Nutrition, offered by PHFI as a distance education programme, has proved popular amongst Indian and International registrants. The MPH programmes will also now offer a stream in public health nutrition.

The Transform Nutrition research program consortium (TN), of which PHFI is a part, aims to transform thinking and action on nutrition. The objective of TN is to strengthen the content and use of nutrition-relevant evidence to accelerate under-nutrition reduction through this decade in the two highest burden regions of South Asia and sub-Saharan Africa, with special focus on four high-burden countries: Kenya, India, Bangladesh, and Ethiopia. As TN's regional head of the Capacity Strengthening Working Group for South Asia, PHFI is actively involved in the

Indigenous foods study in Jharkhand by IIPH Delhi; Dissemination activity in the tribal community where the food environment was studied

Importance of a healthy diet and use of cooking oils demonstrated to the community in the DISHA project in Gujarat

development of short public health nutrition courses, leadership training, distance-learning initiatives, and detailed audits of nutrition-relevant capacity in India. As part of this initiative, PHFI launched the **India Health Report: Nutrition 2015** which provides an evidence-based assessment of current achievements and challenges related to maternal and child nutrition in India. The report provides a rigorous analytical overview of the current trends, challenges, and puzzles related to maternal and child nutrition in India, and highlights the role of policy in improving a wide range of nutritional outcomes, especially at the state level.

PHFI is also committed to study, assess, and reduce **severe acute malnutrition (SAM) among children**. SAM is a major cause of morbidity and mortality in Madhya Pradesh, with estimates from the National Family Health Survey (NFHS)-3 indicating 12.6 percent of children below five years are suffering from SAM in the state. The Government of Madhya Pradesh has established Nutrition Rehabilitation Centres (NRCs) for in-patient management of children with severe acute malnutrition.

PHFI collaborated on the **POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India)** initiative, along with the International Food Policy Research Institute (IFPRI) and the Institute of Development Studies (IDS), Sussex, with support from the Bill & Melinda Gates Foundation. POSHAN aims to build evidence on effective actions for nutrition and support the use of evidence in decision-making.

A multi-stakeholder advocacy and dissemination meeting of 200 key persons was held to launch the **Lancet Series on Maternal and Child Nutrition, 2013**. The event, widely covered by the media, focused on the changing dimensions of the discourse on global nutrition. It was hosted by PHFI and the Coalition for Sustainable Nutrition Security in India, with support from IFPRI and the Micronutrient Initiative.

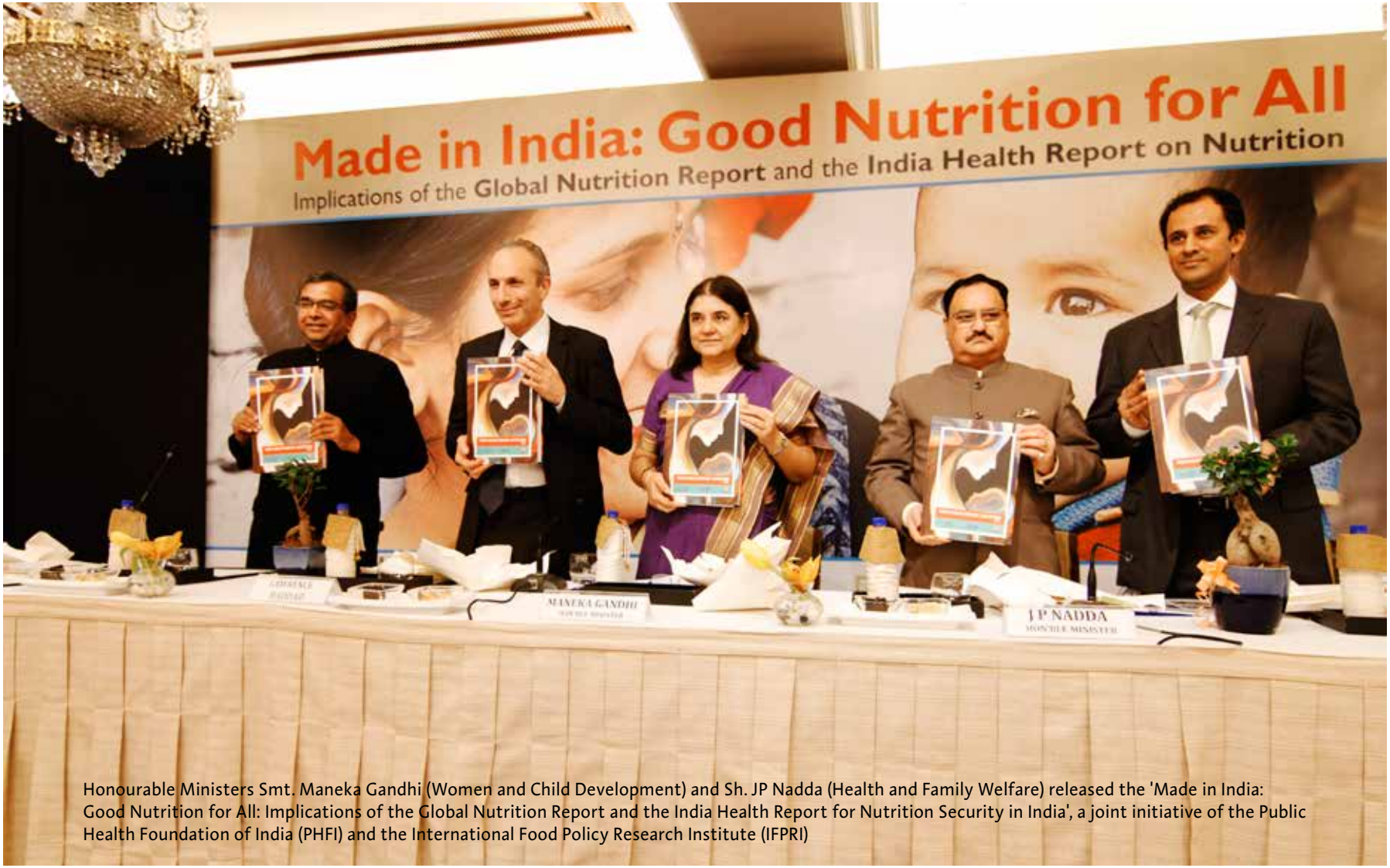
PHFI is also undertaking a **Community Intervention to Improve Growth among Children under Two in Rural India** to improve growth among children under two, in two rural districts of Jharkhand and Odisha, where over 60 percent of children were stunted. The project team implemented an intervention involving a village-based community health worker (CHW), modeled on the Anganwadi worker and the results of the study will be released in October 2016.

Trans-fats have been shown to contribute to adverse cardiovascular outcomes. A common source of trans-fats in the Indian diet is from foods prepared in partially hydrogenated vegetable oils. Knowledge of the levels

of trans-fats in snacks and consumption patterns of oil in households will help in raising consumer awareness. The project on effect of heating on the trans fatty acid content of commonly consumed Indian edible oils and fried snacks in South Delhi, is concerned with analyzing trans-fats in deep fried, ready-to-eat snacks (and the oils they are fried in) commonly sold in the market. The project will also survey oil consumption and usage patterns amongst a subset of households in south Delhi. The other nutrition project undertaken by PHFI is end line **Evaluation of the Wheat Flour Fortification Project** (funded by World Food Programme).

Professor K. Srinath Reddy is a member of the **Global Panel on Agriculture and Food Systems for Nutrition**, an independent group of high-level, influential experts with a commitment to tackling global challenges in food and nutrition security. The panel is developing recommendations for aligning agriculture and food systems support to the goal of improving access to nutritious foods at every stage of life. Funded by the UK Department for International Development, and the Bill and Melinda Gates Foundation, the Global Panel aims to stimulate a stronger evidence-base for how changes in agriculture and food systems can improve nutrition and catalyse collaboration to help provide a healthy and sustainable diet for all.

Professor K. Srinath Reddy, has also served as one of the commissioners on the **WHO Commission for Ending Childhood Obesity (ECHO)**, the Commission (2014-16) was tasked with producing a report specifying approaches and combinations of interventions likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world. The Commission delivered its report to the WHO Director-General in January 2016 and its recommendations will be conveyed to the World Health Assembly in May 2016. Dr. Monika Arora, Director of Health Promotion Division and Associate Professor, PHFI is an invited Member of Ad Hoc Working Group formed by World Health Organization's Director General to advise on Implementation, Monitoring and Accountability for Ending Childhood Obesity (ECHO).



Honourable Ministers Smt. Maneka Gandhi (Women and Child Development) and Sh. JP Nadda (Health and Family Welfare) released the 'Made in India: Good Nutrition for All: Implications of the Global Nutrition Report and the India Health Report for Nutrition Security in India', a joint initiative of the Public Health Foundation of India (PHFI) and the International Food Policy Research Institute (IFPRI)

NEWS

THE NEW INDIAN EXPRESS BHUBNESHWAR

Patient-centred Approach to Counter Multi-Morbidi

ews Service Published: 22nd May 2014 09:47 AM

NuFFooDS Spectrum

Dr Shweta Khandelwal, Research Scientist and Asst. Prof (PHN), Pu
Foundation of India (PHFI), New Delhi

Is Nutrition Security attainable by providing Food security alone? Ar

terms synonyms?

The question of food security hinges primarily upon adeq
through the adequacy of food that nutrition security is tar
nutritional needs are met with, both in terms of quantity (
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NDTV

Misleading ads: food regulator steps in

New Delhi: They are snazzy, slick and smooth but do these ads feed us made up research and

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In turn

Business Standard

Stunting in children declined in past decade: Report

In Uttar Pradesh, 50.4 per cent children malnourished, the highest in the country

BS Reporter | New Delhi December 11, 2015 Last Updated at 00:23 IST

The Telegraph

calcutta, india

4 out of 10 kids stunted

G.S. Mudur

New Delhi, Dec
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"We're starin
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China, durin
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Madagasca

NDTV

Indian Kids Continue To Be Under-Nourished: Health Minister

IANS, Modified: December 11, 2015 13:32 IST

Comments

THE HINDU

» TODAY'S PAPER » OPINION

Published: December 13, 2015 00:00 IST | Updated: December 13, 2015 05:44 IST December 13, 2015

Invest in our girls

THE ECONOMIC TIMES

% of world's stunted children are in India– obal Nutrition Report 2015

utrition rates still high in India despite positive growth!

Chavan, Dec 11, 2015 at 10:52 am

THE ASIAN AGE

Delhi | Mumbai | Kolkata | London

39 per cent kids below 5 years are stunted

Dec 11, 2015 - TEENA THACKER |

New Delhi

THE NEW INDIAN EXPRESS CUTTACK

Obesity Spreads beyond Affluent Children

By Express News Service - CUTTACK Published: 22nd March 2014 11:30 AM

Even as rise in childhood obesity has become a cause of concern, the phen

MAIL TODAY

Read by those who matter

Women fare badly in health report

Women's health and status are known drivers of poor nutrition, especially educatio

Neetu Chandra Sharma

New Delhi, December 11, 2015 | Posted by Anand Jayaram | UPDATED 10:08 IST

Business Standard

Malnutrition in India is declining faster than before

Even with impressive im

human potential in any

ANI | New Delhi December 1

Child malnutrition rat

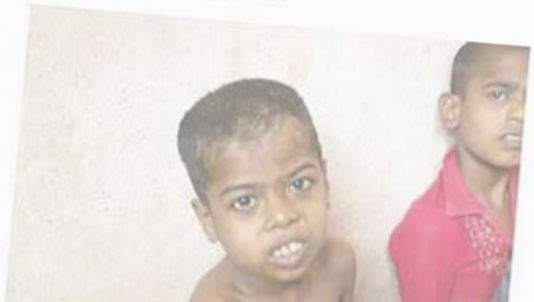
that 39 % of all child

dia's stunting problem represents the largest loss of

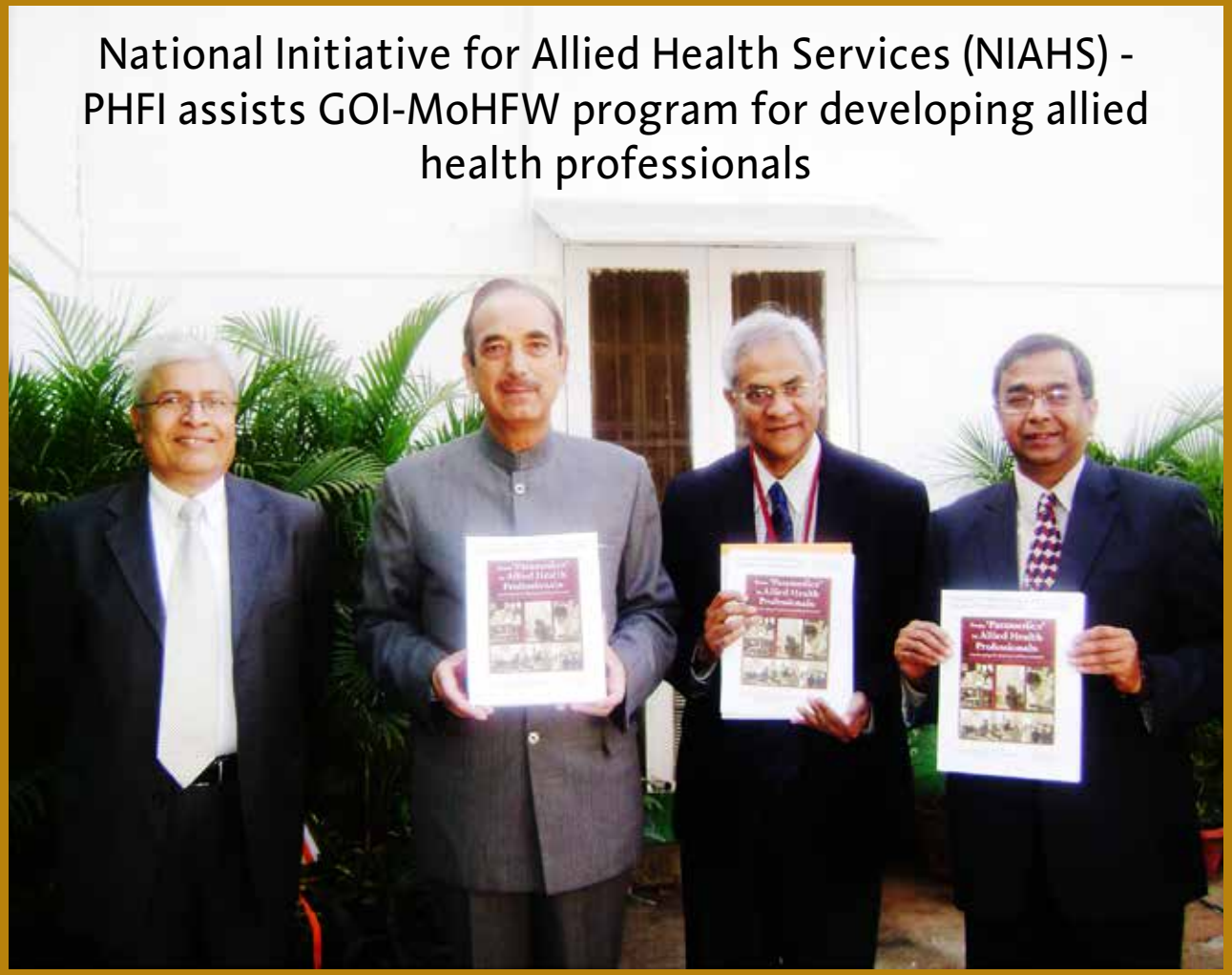
THE TIMES OF INDIA

Malnutrition down, but not enoug

TNN | Dec 11, 2015, 02.32 AM IST



National Initiative for Allied Health Services (NIAHS) - PHFI assists GOI-MoHFW program for developing allied health professionals



Dr Subash Salunke, PHFI, Shri Keshav Desiraju, Former Health Secretary, GOI, Shri Ghulam Nabi Azad, Former Union Minister for Health and Family Welfare, GOI and Professor K. Srinath Reddy, President, PHFI unveil National Institute of Allied Health Sciences Report by PHFI

"The importance of public health in India's development cannot be over emphasised. Ours is a demographically young country. The largest growing demographic segment in India over the next two decades lies between 15 and 59 years. This provides a wide window of opportunity to enhance national growth, provided we can productively deploy this vast human resource"

—Dr Manmohan Singh
Former Prime Minister of India

Prof. K Srinath Reddy with Mr R Prasanna, IAS, Director Health Services, Sh Ajay Chandrakar, Minister of Health, Government of Chhattisgarh, Shri. Avinash Champawat, Commissioner Health, and Mr Prasanta Dash UNICEF Head Chhattisgarh at the signing of the MoU to provide technical support to the state government of Chhattisgarh for improving Human Resources for Health

WORKING FOR SOLUTIONS IN DISABILITY: THE SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & RESEARCH (SACDIR)

World Health Organization (WHO) estimates put 650 million people, globally, living with some disability (physical, mental, visual, hearing, learning, speech and intellectual). Low/middle income countries account for 80% of this burden. In India, 26 million (2.2%) people suffer from disability, according to the 2011 Census. While disability is now understood as a public health problem, a health systems approach calls for a closer look at evidence of successful delivery initiatives in the larger South Asian context.

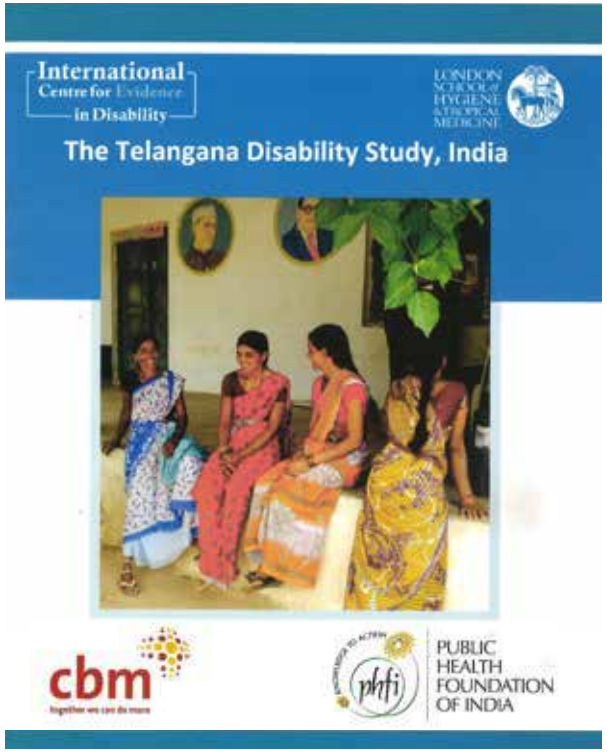
A centre of excellence SACDIR, was established in 2010, under the aegis of PHFI, in collaboration with and support from the London School of Hygiene and Tropical Medicine (LSHTM), and its component research facility, the International Centre for Eye Health (ICEH), London, UK. The mission for the centre is 'Inclusive Millennium: Evidence for Empowering Persons with Disabilities'.

Testing for near vision using an E-chart

Person with disability conducting a household survey in Telangana

A field investigator conducting otoacoustic emission test

WORKING TOWARDS THE PREVENTION OF AVOIDABLE BLINDNESS



Report by IIPH – H on Disability in Telangana

PHFI is working towards increasing awareness and control of Retinopathy of prematurity (ROP)

Diabetic Retinopathy and Retinopathy of Prematurity are the leading causes of blindness among working adults and infant blindness respectively. Timely management through effective screening and referral is critical to prevention. The Queen Elizabeth Diamond Jubilee Trust, in partnership with PHFI and the LSHTM, supported IIPH-H in conducting a multi-site situational analysis. Prevention of both conditions is high priority in building the capacity of both public and private providers.

This effort aims to assess the general health system's capacity to tackle identify and appropriately manage persons with these problems, and to search for elements that may help to mould successful models for service delivery, modalities and management protocols for care and public awareness.

Launch of the Diabetes Retinopathy Summit in Hyderabad
Supported by : The Queen Elizabeth Diamond Jubilee Trust
Collaborating Institution: London School of Hygiene and Tropical Medicine (LSHTM)

NEWS & PUBLICATIONS

Metro India

Sat, Apr 12, 2014

Public lacks awareness of diabetic retinopathy: Study

AMOGA LAXMI SUKKA/HYDERABAD

Lack of awareness about the importance of regular eye tests and uncontrolled blood sugar levels among diabetics has been resulting in diabetic retinopathy that could lead to loss of vision if not diagnosed early.

More than half of the patients visiting ophthalmologists in the country have been suffering from diabetes for over 10 years and 15 per cent have been living with the condition for over 20

Business Standard

Hyderabad April 11, 2014

India needs more technicians to detect diabetes-related eye

Press Trust of India |

India needs to train enough technicians for early detection of an eye disease associated with diabetes, as the number of patients with the ailment is expected to touch over 10 million 2030 in India, according to experts.

The disease, diabetic retinopathy (DR), may lead to loss of sight over a period, if it goes undetected.

Clare Gilbert, Professor and Co-Director, International Centre for Eye Health, London School of Hygiene and Tropical Medicines, said there are not enough ophthalmologists in India who can detect these cases in diabetic patients and hence the government and civil societies need to train technicians to detect retinopathy cases in the early stages.

train technicians to screen people with diabetes and retinopathy. It is not ll the diabetic patients," Gilbert said at a

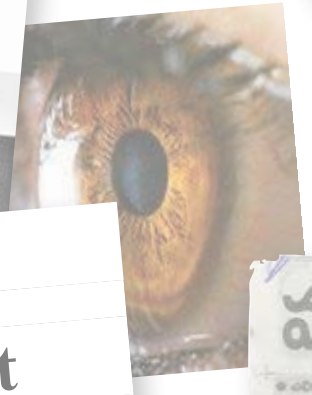
Business Standard

12th April, 2

UK-based trust, partners to reach out diabetics for retinopathy

cant initiatives in India, the five-year 'Diabetic Retinopathy Action Plan' ing a detailed India roadmap

rabad April 11, 2014 Updated at 17:22 IST



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y October and set for implementation from
can work towards prevention, early detection of blindness associated

ns having one million population, mostly Tier II and III locations, said GVS Mur
Delhi-based Public Health Foundation of India, which is partnering the programme

dia has 60-65 million diabetic population with 6-7 million facing serious re

which can be replicated in ot

సూర్య

www.suryaa.com

మధుమేహం పట్ల అవగాహన పెం

hindustantimes

First of its kind Pan-India "Certificate Course in Evidence Based Management of Diabetic Retinopathy" Announced

Applications invited till 15th January 2016 for this unique 4 months executive on-the-job program in India aiming to train and develop competencies of Primary Care Physicians to improve patient ... early diagnosis and evidence based treatment in management of Diabetic Retinopathy.

Dec 24, 2015 11:40 AM

New Delhi, India

Recognising that Diabetic Retinopathy is likely to pose a public health challenge in India ... complications of diabetes, the first of its kind Certificate Course in Evidence Based ... Retinopathy (CCDR Cycle I)" was announced today.

The course is designed, delivered and implemented by Public Health Foundation of India (PHFI) ... academic partners Dr. Mohan's Diabetes Education Academy (DMDEA), Chennai; Aravind Eye Ca... Madurai and supported by an educational grant from The Queen Elizabeth Diamond Jubilee Trust (... funding from The Leona M. and Harry B. Helmsley Charitable Trust.

Diabetic retinopathy (DR), one of the foremost causes of blindness world-wide, is a neurovascular dise...

THE HINDU

HYDERABAD, SATURDAY, APRIL 12, 2014

Diabetics risk losing eyesight

Study says more than 50 p.c. patients visiting eye doctors are diabetics

Staff Reporter

HYDERABAD: More than half the patients visiting an eye doctor had had diabetes for over 10 years, 15 per cent of them for 20 years, making them high-risk groups for vision loss, says a multi-city India study on Diabetic Retinopathy (DR).

The study, conducted by the Public Health Foundation of India in collaboration with Queen Elizabeth Diamond Jubilee Trust and London School of Hygiene and Tropical Medicine, says 45 per cent of patients had lost their vision before they knew they suffered from DR.

Little awareness

"It's clear there is a lack of awareness on diabetes and its obvious link to vision loss. Hyderabad is the diabetic capital of South Asia and screening and awareness ... should be more focussed," said director of the Indian Institute of Public Health, Hyderabad, G.V.S. Murthy told reporters.

Interestingly, the study said 40 per cent of the patients in public hospitals, and 13 per cent in private facilities, did not receive any information about diabetes and its complications from caregivers. Fifty per cent private eye clinics acknowledged that there was a need to train their health workers on DR.

"Public health institutions in India should strive to provide one-stop service to diabetics. Patients should have access to diabetologists, kidney (nephrologist) and eye (ophthalmologist) doctor, foot check-up, dietician, and diagnostic services like urine and blood tests under one roof. There is also a need train personnel to detect DR," said Queen Elizabeth Diamond Jubilee Trust CEO Astrid Bonfield.

State services fall short

The study acknowledged that government-run diabetic clinics did not have services on DR, 70 per cent of the facilities (public and private) had no dieticians, a third of the patients (33 per cent) received no health education on DR and two-third of DR patients did not know that diabetes is the reason for their condition.

"Early detection and management is the key to save patients from losing their vision. There is no organised screening and management programmes for DR in India and there is a need to evolve a sustainable model to control DR and reduce its risk by better control of diabetes," summed up Dr. Astrid.

The study was conducted in Hyderabad, Mumbai, Delhi, Bangalore, Ahmedabad, Chennai, Kolkata, Surat, Pune, Jaipur, Bhubaneshwar, Madurai, Thiruvananthapuram and Noida and covered a total of 86 eye clinics, 73 diabetic facilities and nearly 850 patients in the last four months.

EYES RIGHT

45% DR patients had visual loss before condition was diagnosed

33% patients reported that they received no info on DR from care givers

67% were unaware of that poor control of diabetes risked DR

Most state-run diabetes facilities do not have DR services

70% medical staff were untrained in ophthalmoscopy

50% hospitals do not have a system to track patients for follow-up

50% eye hospitals acknowledge that their personnel required training on medical retina

> It's clear there is a lack of awareness on diabetes and its obvious link to vision loss. Hyderabad is the diabetic capital of South Asia and screening and awareness campaigns should be more focussed here
> G.V.S. MURTHY, DIRECTOR, INDIAN INSTITUTE OF PUBLIC HEALTH.

2014 హైదరాబాద్

మధుమేహ బాధితుల్లో రెటినోపతి తీవ్రం

బాధితుల్లో 18 శాతం మంది వారే సకాలంలో గుర్తించడం లేదు

రేపటి నుంచి మూడు రోజుల పాటు సదస్సు

ఆంధ్రజ్యోతి, హైదరాబాద్ సిటీ: మధుమేహ బాధితుల్లో రెటినోపతి సమస్య తీవ్రతరం అవుతుందని, సకాలంలో దీనిపై మేలుకోకపోతే పూర్తి అంధత్వం వచ్చే ప్రమాదముందని వైద్యులు, అధికారులు హెచ్చరించారు. మధుమేహ రెటినోపతి సమస్యపై విస్తృతంగా చర్చించడానికి శని, ఆది, సోమవారాల్లో సదస్సును నిర్వహిస్తున్నట్లు వారు తెలిపారు. మధుమేహ రెటినోపతిపై శుక్రవారం పబ్లిక్ హెల్త్ ఫౌండేషన్ ఆఫ్ ఇండియా(పీహెచ్ఎఫ్ఐ), క్వీన్ ఎలిజబెత్ డైమండ్ జూబ్లీ ట్రస్ట్ విలేకరుల సమావేశం నిర్వహించింది. కార్యక్రమంలో పీహెచ్ఎఫ్ఐ డైరెక్టర్ జీవీఎస్ మూర్తి, జయరాం, వైద్యాధికారి గీతప్రసాదిని, అస్ట్రిడ్ బోనఫైల్డ్, జోనతన్ డాన్‌వర్డ్, డాక్టర్ క్లైర్‌జిల్‌బెర్డ్ పాల్గొన్నారు. ఈ సందర్భంగా వారు మాట్లాడుతూ మధుమేహాన్ని గుర్తించిన వెంటనే నేత్రాలపై దృష్టి పెట్టాలని సూచించారు. మధుమేహం నియంత్రణ లేకపోతే అనేక నష్టాలు కలిగే ప్రమాదముందన్నారు. దీని వల్ల కిడ్నీ ఫెయిలర్, గుండె సమస్యలు వస్తాయన్నారు. మధుమేహం ...

రని వైద్యాధికారి గీతాప్రసాదిని వివరించారు. నేషనల్ ప్రాజెక్ట్ ఫర్ ప్రివెన్షన్ కంట్రోల్ కేన్సర్, డయాబెటిక్, కార్డియో వాస్కులర్‌లపై ప్రాజెక్ట్ కార్యక్రమాన్ని చేపట్టామన్నారు. హైదరాబాద్‌లో 9.3 శాతం ప్రజలు రక్తపోటు సమస్యను ఎదుర్కొంటున్నారని ఆమె ...

మధుమేహ రెటినోపతిపై సమావేశంలో మాట్లాడుతున్న వైద్యులు

ANDHRAJYOTHI

ఆంధ్రజ్యోతి

Hyderabad

హైదరాబాద్

శనివారం

12-4-2014

20 పేజీలు

2014 హైదరాబాద్

మధుమేహ బాధితుల్లో రెటినోపతి తీవ్రం

ఆంధ్రజ్యోతి, హైదరాబాద్ సిటీ: మధుమేహ బాధితుల్లో రెటినోపతి సమస్య తీవ్రతరం అవుతుందని, సకాలంలో దీనిపై మేలుకోకపోతే పూర్తి అంధత్వం వచ్చే ప్రమాదముం...

బాధితుల్లో 18 శాతం మంది వారే

ANDHRA JYOTI

IMPROVING HEALTH OUTCOMES THROUGH **WASH**

Water, Sanitation and Hygiene (WASH) are widely recognised social determinants of health. Evidence links lack of safe water, adequate sanitation and poor hygiene practices to high disease burden, high mortality and morbidity, and poor state of health and well-being especially impacting women, infants and young children. PHFI's work on WASH has so far largely centred on menstrual hygiene management (MHM), WASH in health facilities, and gender responsive sanitation.

In 2014, PHFI undertook a policy scoping review on MHM, examining how four ministries in the Government of India addressed the hardware (i.e., infrastructure needs) and software (i.e., behaviour change) components of MHM. This study was commissioned by WaterAid India and supported by DfID. The study found that, to a large extent, policies focused on the hardware MHM component, with less attention to the software component. Further, ministries talked about convergence across programs to comprehensively address MHM, yet program documents did not operationalise how this convergence would be brought about.

PHFI led the development of a framework for action on MHM, along with a core set of indicators to assess action on MHM, supported by DfID. This was in response to key gaps identified by organizations working on MHM and drawing on policy scoping work. This framework and indicators have been vetted with key stakeholders working on MHM and have been shared widely. Some of these indicators will be incorporated into the MHM guideline under the Swachh Bharat Mission.

The launch of the Swachh Bharat Mission has ensured the installation of toilets across the country, aimed at ending open defecation. However, responsiveness to women's menstrual hygiene needs has yet to be reflected as a

PHFI undertook a policy scoping review on menstrual hygiene management
Collaborating Institution: WaterAid India. Supported by DfID

major programme priority. In order to address this gap, PHFI partnered with RTI International and undertook a study with women in Ahmedabad slums to examine how an innovative toilet prototype (with on-location waste treatment) met women's MHM needs. This study found that for the RTI prototype to meet women's menstrual hygiene needs, the model will have to take into consideration women's use of menstrual absorbents, their beliefs and practices around disposal of menstrual waste, and their discomfort with using recycled water for washing.

Professor K. Srinath Reddy is a serving member of the technical group of the Rapid Assessment Learning Unit (RALU),constituted by the Ministry of Rural development to assess progress in the sanitation mission.

DH
DECCAN HERALD
Tuesday 01 September 2015
News updated at 11:09 AM IST

Change behaviour to ease India's tough 'swachh' dream

Dr Subhadra Menon, Aug 29, 2015, DHNS:

Barely had the dust and excitement of the Independence Day action settled on the Red Fort in Old Delhi, for the second time in the year, the city got engulfed in stinky, unmanageable piles of garbage, all spilling out of the dumps onto the road.

So, while Prime Minister Narendra Modi's I-Day speech resounded with the golden promise of a Team India beavering away to dramatically improve the access our countrymen and women have to toilets and the great dream of a Swachh Bharat, a simple management issue like the chronic shortage of workers (because they were off work owing to Independence Day) led to a stinking paralysis in garbage disposal.

This was a fairly rapid repeat of a similar situation just two months ago, when protesting against non-payment of their salaries for over two months, sanitation workers of the East Delhi Municipal Corporation deliberately threw garbage all over the streets so as to grab the government's attention.

Providing facts to back-up what most Indians don't need a survey to be enlightened by is a recent assessment by the Ministry of Urban Development of the Swachh Bharat Abhiyaan, releasing cleanliness rankings for 476 cities. 39 cities from the Southern states are among the top 100 followed by 27 from the East, 15 from the West, 12 from the North and 7 from the North-Eastern states.

Delhi, as the capital city, is at a dismal 379, although its New Delhi Municipal Corporation has the distinction of being No 16! With minimal open defecation and effective solid waste management, seepage and water management as yardsticks, the survey places the southern city of Mysuru in Karnataka on top and Damoh in Madhya Pradesh at the bottom.

If you were to shut your eyes for a moment and try to think of a clean India, chances are a million images will flit by. Public places in India are often characterised by great grubbiness and while we aren't very effective with managing our garbage; the situation with toilets is as bad, if not worse. Just about 50 per cent homes have access to a toilet, and the situation of public toilets across the country is pitiable,

7

TECHNOLOGIES FOR TRANSFORMATION

TAKING FORWARD NEW PARADIGMS IN PUBLIC HEALTH: AFFORDABLE HEALTH TECHNOLOGIES

The Public Health Foundation has been working in the field of Affordable Health Technologies with a multi-pronged approach, including creating and sustaining an ecosystem for innovation in health technologies and developing new technologies for both healthcare delivery and for public health education. Initiatives by PHFI and the IIPHs in this area include:

AUTOMETRY

IIPH Hyderabad is piloting a mobile phone based application that can automatically assess in real time — the height, weight, Body Mass Index and nutritional status. Effective nutrition management is based on anthropometry. Although anthropometry is less accurate than clinical and biochem indicators in assessing individual nutritional status, it may be used as a screening device to identify individuals at risk of under-nutrition. It therefore becomes a viable technique, given the resource constrained situations in remote rural areas across India.

DAS SIMPLE

IPH-Hyderabad has developed a mobile application for people with disabilities that can guide assessment, automate calculation, provide instant analysis, certify, and then link the person to customized benefits and also continuously track the outcomes. At present Disability Certification Guidelines are complex set of

DREAM-DOTS: DRONE + EHR linked AutoMated Directly Observed Treatment, Short Course for Tuberculosis. Supported by DJI Corp, Shenzen, China Project undertaken by IIPH - Hyderabad

mathematical calculations, based on expert assessment of physical parameters and range of movements. Less than 10% of the disabled have certifications. Persons with disability are among the most excluded ones in the development process of the country, and the App developed by IIPH-Hyderabad attempts to bring inclusion and help them avail of existing benefits at their doorstep. It would directly help the individual, the intermediary service provider and the country's economy by enabling employment.

DREAM-DOTS: DRONE + ELECTRONIC HEALTH RECORDS (EHR) LINKED AUTOMATED DIRECTLY OBSERVED TREATMENT, SHORT COURSE FOR TUBERCULOSIS

The DREAM DOTS proposal makes DOTS take flight on EHR linked drones to the point of need and comprehensively deliver faster promotion, surveillance, diagnosis, treatment and follow up at the patients' door step. This is being piloted by the team at the Indian Institute of Public Health, Hyderabad. The benefits of DREAM DOTS: (1) To the patient- (a) saving at least eight trips to the health care facility for diagnostics and treatment; (b) in effect save time and money; (c) possibility of service at a convenient time; (2) To the Health System-(a) fewer and improved links in the TB management system; (b) better control over service quality in labs, medicine distribution; (c) possibility of zero-delay service, continuous service monitoring/ reporting in real time with automated decision alert analytics; (d) a platform that can fast track newer innovations for better TB management.

NEWS

THE HINDU

SCI-TECH » HEALTH

Published: August 23, 2015 17:00 IST | Updated: August 22, 2015 17:57 IST August 23

App for cardiovascular management shows promise

- R. Prasad

Researchers have found a way to improve the quality of primary care and clini
outcomes cost-effectively by using a smart phone application for cardiovascul
management program (SimCard). A trial was conducted in India and China. T
which is the first dual-country trial of its kind worldwide, was delivered by co
health workers and is ideal in resource-constrained settings.

The trial carried out in 20 villages in Haryana, and 27 villages in Tibet used a
that focussed on two lifestyle modifications (smoking cessation and salt redu
use of two medications (blood pressure lowering agents and aspirin).

The trial increased the adherence to anti-hypertensive medications by 25.5 I
the intervention group. However, the uptake of aspirin medication was mor
(24.5 per cent) than in India (9.8 per cent. Similarly, a "significant net redu
over 4 mm Hg in systolic blood pressure was seen in China; there was no si
reduction in the case of India.

Over 16 per cent increase in the proportion of high-risk patients receiving
follow-up was seen in both countries. However, no changes in lifestyle wer
2086 individuals with high CVD risks — over 40 years old with a self-repo
CVD and a measured systolic blood pressure over 160 mm Hg. The results
published recently in the journal Circulation.

The study was carried out by the Public Health Foundation of India (PHF
collaboration with the All India Institute of Medical Sciences (AIIMS) in
George Institute for Global Health at Peking University Health Science C
collaboration with Tibet University in China.

THE HINDU

SCI-TECH » TECHNOLOGY

Published: August 15, 2015 01:05 IST | Updated: August 15, 2015 01:07 IST HYDERABAD, August 15, 2015

Drones tested to deliver drugs

M. Sai Gopal

Special Arrangement
A drone that carries medicines will soon become a reality.

In a novel scheme of utilizing technology in healthcare, researchers at the Indian Institute of Public Health (IIPH) in Hyderabad are testing drones (unmanned aerial vehicles) to deliver drugs.

On a pilot basis, the researchers have been testing a drone at a Primary Health Centre (PHC) at Moinabad, Ranga Reddy district, about 50 kilometres from Hyderabad. The

SWASTHYA SLATE: REVOLUTIONISING DIAGNOSTICS FOR THE UNDERSERVED

The Wall Street Journal listed Swasthya Slate as one of the 6 healthcare devices which could help millions of people

The Affordable Health Technologies division of PHFI has been developing innovative technologies for increasing the efficacy and outreach of primary healthcare in India. PHFI forayed into the field of health technologies with *Swasthya Slate*, an affordable, easy to use device that runs on Android supported tablets or phones and enables a range of medical diagnostics using a single kit. Swasthya Slate can empower rural frontline healthcare workers to provide diagnostic tests to the poor in far-flung areas. The average learning time of this tool is five minutes and thirty seconds. Results are instant and the cost of conducting these tests is significantly below prevailing market prices.

Swasthya Slate has been introduced as part of a pilot study under the RMNCH+A in Jammu and Kashmir in six districts under the Norway – India Partnership Initative. 16,000 mothers have been registered for ante-natal care as part of this programme till date. Swasthya Slate is also being introduced by the Delhi Government in its *Mohalla* Clinics.

Swasthya Slate's potential impact on public health has been recognized both nationally and internationally.

ANM using the Swasthya Slate tablet

Swasthya Slate being used in a Delhi Govt's Mohalla Clinic

Developed ‘Swasthya Slate’ (electronic tablet for point-of-care diagnostics, relevant for primary healthcare and for use by community health workers); being considered by National/State/ International Governments. Already deployed for RMNCH+A implementation in Jammu and Kashmir by MoHFW

Swasthya Slate - *a few use cases*

PUBLIC HEALTH FOUNDATION OF INDIA

SCREENING OF PATIENTS

Swasthya Slate offers an easy way to screen people and record their location through GPS.It allows this type of screening anywhere anytime and augments the health system by increasing its reach. The 33 diagnostic tests included will revolutionize availability of services in PHCs, CHCs and District hospitals and remote access allows easy referrals

A Person in Kishtwar goes to his village health and nutrition day for routine screening.The ASHA registers the patient in the Swasthya Slate system and performs diagnostic tests. Uses telemedicine app to consult doctor and contacts emergency service

EMR of the patient gets uploaded on to the cloud server

PHC official verifies data in the MIS

Ministry & DEO has real time direct access to all the records & visualizations

Real-time data is also available to

MOTHER & CHILD CARE – Diagnosis, referral & follow ups

Aari Khera village in Moradabad district observes its Village Health & Nutrition Day (VHND). ASHA visits for regular check ups. A pregnant lady with some complications visits her

The ASHA registers her in the Swasthya Slate system and performs diagnostic tests. Uses telemedicine app to consult doctor and contacts emergency service

The Swasthya Slate System is equipped with apps like Preeclampsia, ANC to cater to pregnancy related issues. The Apps allows the ASHA to automatically schedule follow-ups for doctor/ANC visits, vaccine schedule in her tablet

Swasthya Slate system sends out the data in real time. The lady is registered under JSY scheme by the DEO PHC doctors can make further follow-ups using the patient data received on the MCTS

The lady gets OK with the timely check up The ASHA returns to the lady on the scheduled days for follow-ups

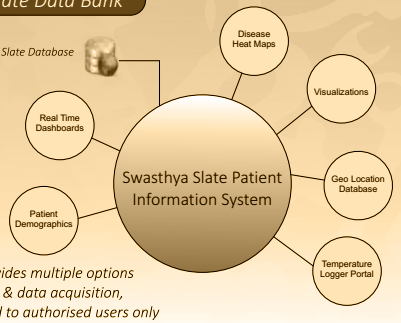
Gets automatic schedule for later visits (follow-up) through task Scheduler App

Helps in arranging mobilization for the expecting mother

Helps in post natal exercise teaching (Health Communication), infant nutrition etc. Can schedule vaccination plan for the infant

REPORTING - Swasthya Slate Data Bank

Ministry Official has to prepare weekly, monthly reports on health related issues or needs data for any other purpose



Swasthya Slate system provides multiple options for information gathering & data acquisition, the access to which is restricted to authorised users only

The heatmap looks at patients from a region and averages their BP to produce a colour representing the seriousness of BP issue in that region. This visualization helps you plot where to focus the intervention and reap the best benefit from public health schemes.

Uses of Swasthya Slate in primary health care setting

NEWS

The Washington Post

27° Washington, DC November 19, 2014 Edition: U.S. | Regional Make us your homepage

http://www.washingtonpost.com/blogs/innovations/wp/2014/11/18/this-indian-start-up-could-disrupt-health-care-with-its-powerful-and-affordable-diagnostic-machine/

Innovations

This Indian start-up could disrupt health care with its powerful and affordable diagnostic machine

By Vivek Wadhwa November 18 at 10:16 AM

The Swasthya Slate is portable, afford

Frustrated at the lack of interest b
the costs of diagnostic testing, and
necessary research grants, Kanav
2011. He was a member of Arizona
biomedical informatics. Kahol had
between most medical devices in th

dna

http://www.iamin.in/en/mumbai-south

Dr Kanav Kahol's one stop solution for 33 tests

Swasthya Slate developed by Dr Kanav Kahol of the Public Health Foundation of India (PHFI) is able to carrying out 33 different tests and give instant results.

Wednesday, 25 November 2015 - 12:41pm IST | Disha Shetty | Edited by: Sree Sen

Dr Kanav Kahol believes India is the greatest place to be an engineer.

"A lot of products coming out of IITs are waste because there are involved. There is a policy framework in place."

Picture this - you are unwell and your doctor orders you to get a batter You spend the next few days going to different labs and then few more the results. Once again you are back to the doctor for a diagnosis. N that lets you do around 33 different kind of tests at one go, ranging fr test to ECG and gives you the result instantly?

small world

Made in India... Incredibly Cheap

HEALTH APP How a Rs 9 crore medical gadget project got executed for a mere Rs 5.5 lakh here

NEW DELHI When he first thought of a portable medical | of the Affordable Health Technologies team, Dr Kahol | ECG leads, heart sensors and even a water quality meter. It | plying for internships at PHFI.

While he is yet to add the blood pressure and blood sugar test functions to the device, Kahol is looking at pricing it between Rs 4,000 and Rs 7,000. PHFI plans to launch it first in J&K by giving it to rural health workers in the field of maternal and child health care. "Nearly 50-70 per cent of our workers spend their time documenting data. What is the incentive to work? The tablet enables instant digitisation and also allows them to take decisions on the spot on an instant diagnosis," he says. ■

AANCHAL BANSAL

Forbes INDIA

http://forbesindia.com/article/work-in-progress/swasthya-slate-scripting-newage-diagnostics/37556/1

Swasthya Slate: Scripting New-Age Diagnostics

by Udit Misra | Apr 16, 2014

Swasthya Slate, a portable device, conducts tests and displays results for cheap within seconds

THE HINDU

Published: January 11, 2013 01:38 IST |
http://www.thehindu.com/news/cities/Hyderabad/10hymsg04swasthya-slate/article4295486.ece

Wonder kit of healthcare

'Swasthya' Slate project is launched by PHFI and Government

M. Sai Gopal

Dr. K. Srinath Reddy, Founder and president PHFI

Swasthya Slate was developed primarily for rural health care. But later, we realised urban health care too was ignored for a long time. It is an effort to build affordable technologies to diagnose basic ailments. This is not to replace the doctor but to enable the frontline worker provide initial referral and urgent information of the health condition.

Swasthya slate workflow

Within 10 to 15 mins

1. First step is patient registration including collecting demographic information and picture. It is immediately uploaded to a remote server.

2. Diagnostic equipment to record sugar, BP, ECG etc are connected to the patient at one end and to the Swasthya Slate at the other. The readings are transmitted from the diagnostic tools to the Tablet via Bluetooth.

3. The data is uploaded to a remote server and the patients are given a printout of the test results in addition to password and username to access the results remotely.

How does Swasthya Slate work?

The sugar testing machine, the sphygmomanometer to read blood pressure levels, the disposable electrodes to record ECG and electrodes to test water quality are all tethered to the white Swasthya Slate box. The box is a link between the testing equipments and the Tablet. It sends all the collected test data to the Tablet via Bluetooth.

"After receiving the data it is transmitted to a remote server. Patients and doctors are given usernames and passwords to access the data at 'swasthyaslate.org'. They are also given a print-out of the tests on the spot," explained Kush and Sushain, the young developers who wrote the software code.

It is not often that one comes across an innovative techno
basic diagnostic tests simple and affordable. The recently
by Public Health Foundation of India (PHFI) and the Gove
'the' device that has bridged the gap between doctors and p

The diagnostic kit has enough promise to change the way ba
the health centres in the State. At just Rs.85, the kit, which c
Tablet, a small box dubbed as Swasthya Slate and other diagn
conduct tests for sugar, blood pressure, heart rate, haemoglob

TheSundayGuardian

http://www.sunday-guardian.com/news/health-tablet-expected-to-revolutionise-diagnostics

Health tablet expected to revolutionise diagnostics

SHRUTI SETIA CHHABRA Chandigarh | 29th Jun 2013

ol's lifelong passion for developing affordable health care solutions led him to
asthya Slate, which enables paramedics and healthcare workers to conduct tests
ugar, blood pressure, ECG etc using a mobile device.

y with health care workers in different parts of the country and realised the need
th some mobile tools to monitor the health of the patients on every visit," said
nversation with this newspaper. "A health worker in Himachal Pradesh showed
anuals she had at her place and explained the difficulty of carrying them around
I took pictures of those manuals and created a PDF and showed her how she
e manuals handy in a phone. This gave me the idea of providing diagnostics on
eroid in on some primary diagnostics and put them all together on a tablet to

नई स्वास्थ्य तकनीक लाएगी क्रांति

प्रोफेसर के श्रीनाथ रेड्डी, पद्म भूषण से सम्मानित और पब्लिक हेल्थ फाउंडेशन ऑफ इंडिया के अध्यक्ष

एक डिवाइस पब्लिक हेल्थ फाउंडेशन ऑफ इंडिया ने तैयार की है। इस डिवाइस का नाम स्वास्थ्य स्लेट है। मातृत्व और शिशु स्वास्थ्य सेवाओं के स्तर को सुधारने के लिए विशेष रूप से जम्मू-कश्मीर समेत कई राज्यों में उपयोग किया जा रहा है।

जनहित जनमत

Project on awareness to action through multi-channel advocacy for effective tobacco control in India: capacity building in five Indian states by the Indian Institute of Public Health, Bhubaneswar (IIPH-B). *Photo Credit: IIPH Bhubaneswar*

8

AMPLIFYING ADVOCACY & ACCELERATING ACTION

TAKING THE SUSTAINABLE DEVELOPMENT AGENDA FORWARD

Prof. K. Srinath Reddy is the Co-Chair of thematic group 5 on "Health for All" and PHFI is a member institution of the **United Nations Sustainable Development Solutions Network (UN-SDSN)**. Over the last two years, PHFI's engagement with the SDSN has resulted in a document titled "Health in the Framework of Sustainable Development", developed in collaboration with experts from around the world. The document outlined the centrality of health in the framework for sustainable development, and details goals and targets related to health for the consideration of the UNs Open Working Group on the Sustainable Development Goals. The submissions of the thematic group have been considered in the final SDG declaration that provides a comprehensive agenda to achieve health for all by 2030.

PHFI also launched a free **Massive Open Online Course (MOOC)** on Global Public Health in March 2015 in partnership with the SDSN. The course ran for 10 weeks, covering a range of subjects in public health including the history and origins, infectious and chronic diseases, health systems & financing, all while emphasizing the centrality of health in the development discourse, and the importance of integrating health across sectors. The course was led by Prof. K. Srinath Reddy, with global experts such as Dr. Richard Cash (Harvard School of Public Health), Prof. Vinod Paul (All India Institute of Medical Sciences), and Mr. Rob Yates (Chatham House) contributing as faculty members. The MOOC was very well received, with over 3000 students signing up, and around 1000 completing the course, which represents a very high retention rate for online courses. The next

edition of the course is set to run in early 2016. The Pan – American Health Organisation of WHO has now requested for the translation and adaptation of this course for Central and Latin America.

PHFI is now working on the development of an India relevant indicator framework for the implementation of the SDG targets related to health. This project is supported by a grant from the Rockefeller Foundation.

PHFI is leading the initiative to develop an indicator framework for India to realise Sustainable Development Goals (SDGs).

NEWS

ht@90 | AN AGENDA FOR CHANGE | COLLECTOR'S EDITION | THE MAKING OF A NEW INDIA

hindustantimes

Tuesday, October 07, 2014

K Srinath Reddy

India's basic services very weak, it's time we promote health equity

Political will is even more important than professional skill for addressing India's health in the n
decade. There should be political will to elevate health to the top tier of the national developmer
agenda. Economy, equity and electability together will constitute the will. Recognition that it is
necessary to invest in health for accelerating economic growth has finally become an axiom of
development. It is now influencing our national development agenda.

The imperative of promoting health equity, to bridge huge gaps in major health indicators acro
different social, geographic and gender groups, is a call to conscience that politicians recognis
respond to, whether on their own or through pressure exerted by civil society. Health is also n
becoming an important electoral issue, with provision of essential health services generating p
popularity and electoral gains. The recent election of Joko Widodo as President of Indonesia
mostly attributed to the popularity of the universal health coverage (UHC) he introduced as G
of Jakarta. In India, we are seeing the stirrings of a similar response to health policies that pl
people.

Even as health begins to take its rightful place in the framework of national development, we
critically identify the fault lines in our previous policies and reassign priorities for resource
to health programmes. Now is the time to do so, since the government has announced its in
develop a new health policy. The Prime Minister's Independence Day address did not inclu
initiatives on health (other than sanitation), despite his known commitment to increased inv
health. This suggests that careful thought is being given to setting down priorities before u
new initiatives in health. This is the right time, therefore, to debate key issues of our healt

Let us first look at the health pyramid, the mismatch of needs and gains, and the state of de
at different levels of the structure since Independence. At the very base are the social and
environmental determinants of health such as water, sanitation, nutrition and clean
environment. Policies in other sectors influence these determinants which constitute the f
of public health in any society.

Then come the layers of promotive, preventive and basic clinical services provided by well-designed
health care. Higher up the pyramid, but with smaller contributions
vided in district hospitals) and tertiary

THE FINANCIAL EXPRESS
Read to Lead

Health and sustainable development

Krishna d Rao Posted online: Monday, Feb 25, 2013 at 0000 hrs

Increase of government spending on health from around 1% to under 2% of GDP in the 12th Five Year Plan can create an affordable health system by pursuing two independent strategies to achieve universal health care —strengthening the public health system, and building a government sponsored health insurance system

The 12th Five Year Plan and its promise of increased government spending on health from around 1% to under 2% of GDP is seen by many that the government might at last be serious about the nation's health. Yet, as recent debates on the Health Plan indicate, it is not clear where these additional funds should be invested. Indeed, the government appears to be pursuing two independent strategies to achieve universal health care—strengthening the public health system, and building a government sponsored health insurance system. Given the levels of government spending of health, both strategies cannot be adequately funded. Nor do these two paths necessarily complement each other. There is a pressing need for a national strategy that harmonises these competing paths and enables the efficient use of our country's scarce health resources.

The idea of universal health care is not new in India. The Bhore Committee report (1946) inspired the creation of a vast network of government funded and staffed clinics and hospitals through which all Indians could have access to affordable health services. That this system failed to deliver on its promise is well known—it was underfunded, under supplied and under staffed.

In the past decade, there has been a renewed effort to rejuvenate the public sector health system, particularly at the primary care level. This effort was signaled by the launch of the National Rural Health Mission (NRHM) in 2005, which till date, has invested around R43,700 crore in strengthening the public system. With the eminent launch of the National Urban Health Mission, substantially more government funding can be expected to flow into health. More recently, the High Level Expert Group (HLEG) commissioned by the Planning Commission recommended that the government spend upto 3% of GDP on strengthening the public sector health system.

live mint
& THE WALL STREET JOURNAL

Health and development

Health has many determinants that lie outside the conventional biomedical paradi

K. Srinath Reddy

Studies show that half of childhood under-nutrition in India can be ascribed to poor sanitation. Photo: Priyanka Parashar/Mint

What is the trickle-down effect of bilateral relations between countries on public health in India? Will livestock farming in high-income countries affect global health and environment? How will the growth of cities impact the health of populations?

These questions may be far-fetched for many who think of health only as a product of interactions between individual beliefs, behaviours and biology, and view medical care as the only pathway for improving health. However, health has many determinants that lie outside the conventional biomedical paradigm and are influenced by non-individual interventions that have a profound population-wide impact.

These interconnections have been long recognized by the public health community, but are being acknowledged only recently. They are at the forefront of ongoing discussions on the post-2015 United Nations' sustainable development goals. While individual sectors are charting goals of their own, they are also being pressed to describe how those goals will impact other development sectors so that an integrated framework for sustainable development can emerge in 2015.

It is no secret that poverty is both a cause and consequence of ill-health, especially when the poor in India are known to have among the worst health indicators globally. Healthcare costs push 60 million Indians below the poverty line each year. It requires no imagination to recognize that water and sanitation have a great impact on health. Studies show that half of childhood under-nutrition in India can be ascribed to poor sanitation.

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YOJANA

FEBRUARY 2016 A DEVELOPMENT MONTHLY ₹10

PRIORITISING HEALTH NEEDS

SPECIAL ARTICLE

Health In The Era of Sustainable Development

K Srinath Reddy

Whether it is continued commitment to the MDG agenda, initiation of effective action on new elements like non-communicable diseases and mental health or earnestly implementing a well planned programme of universal health coverage, India's health priorities resonate well with the SDG targets. We need to gear up the performance of our health system to reach those targets. Equally important, we need to work towards greater policy coherence in harmonising actions across the different development sectors, so that they enable and not erode each other. Only then can we create a healthy future for ourselves

Is health a predictable beneficiary of a country's economic development? Is health of the people a valuable investment for economic growth? How is health related to other areas of development which often seem unconnected and even compete for resources? What are the health priorities that feature in the global development agenda that are relevant to India?

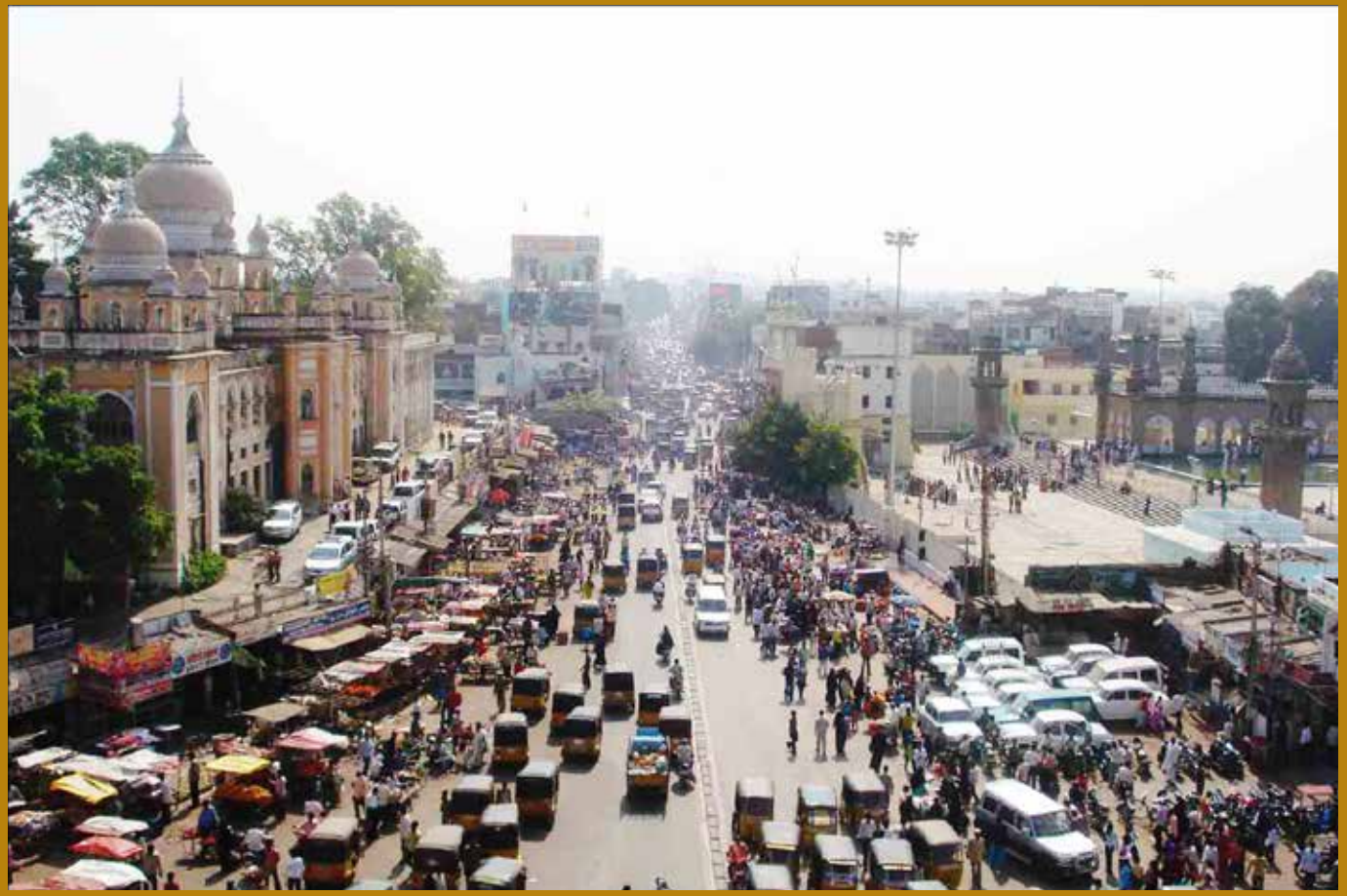
While these questions have been discussed for several decades, greater clarity has emerged in recent years. The prominence of health in the Millennium Development Goals (MDGs: 2000-2015) and in the Sustainable Development Goals (2016-2030), sequentially adopted by the United Nations, arises from the recognition that health is pivotal to equitable and sustainable development and is closely interconnected to other development sectors.

Health status of a population does improve with the country's economic development. As the frequently cited Preston curve shows, life expectancy rises sharply as the average per capita income rises from low levels over time in any country. This benefit tends to plateau at high of per capita income with only small incremental gains of life expectancy, with a further rise in income. However, Kate Pickett and Wilkinson showed that, at similar levels of per capita income, countries with lower levels of income gaps within the population (greater equality) have better life expectancy and other health indicators than countries with higher income gaps within the population (lower equality). In their book *The Spirit Level*, they provide evidence of how even the rich in countries with less equality fare worse than their counterparts in countries with greater equality.

While conventional economic wisdom through a great part of 20th century tended to view health and improved nutrition as passive beneficiaries of economic growth, the latter part of that century recognised population health and nutrition as levers of accelerated economic growth. In his 1993 Nobel Prize lecture, economist Robert Fogel explained how 50 per cent of Britain's economic growth during 1790- 1980 was attributable to improved nutrition, which reflected the social policies adopted during 1790-1930. *The World Development Report* of 1993, titled *Investing in Health*, made a strong case for greater economic investment in health to reap the benefits of greater economic growth.

The author is President, Public Health Foundation of India (PHFI).He edited the National Medical Journal of India for 10 years and is on editorial board of several international and national journals. He has more than 400 scientific publications in international and Indian peer reviewed-journals. His contributions to public health have been recognized through several awards and honourslike WHO Director General's Award for Outstanding Global Leadership in Tobacco Control (World Health Assembly, 2003), Padma Bhushan, 2005, Queen Elizabeth Medal (Royal Society for Health Promotion, UK, 2005).

BOTH RURAL AND URBAN DEVELOPMENT NEED TO BE SUSTAINABLE AND HEALTH FRIENDLY



Both rural and urban development need to be sustainable and health friendly. *Photo Credit: Satyanarayana / IIPH - H*

ENVIRONMENTAL HEALTH INITIATIVES AT PHFI

Professor K. Srinath Reddy was named co-chair of the Steering Committee on Air Pollution established by the Ministry of Health and Family Welfare

A major engagement of PHFI, in broadening awareness of the importance of health in policy formulation across sectors, came through the work of the **Steering Committee on Air Pollution established by the Ministry of Health and Family Welfare** in early 2014. Professor K. Srinath Reddy was named co-chair of this committee along with Professor Ambuj. D. Sagar of IIT-Delhi, with PHFI named as secretariat to the committee. The committee comprised experts from health, economics, energy, environment and development, and tasked with compiling the evidence on exposures and health impacts in India, and to chart out a roadmap to reduce the burden of air pollution on health in India, through multi-sectoral actions. In its role as secretariat, PHFI played a key role along with committee members and advisors in compiling the best evidence obtained nationally, supplemented by global evidence where needed, and charting out actions for each relevant ministry. The key innovation of the report

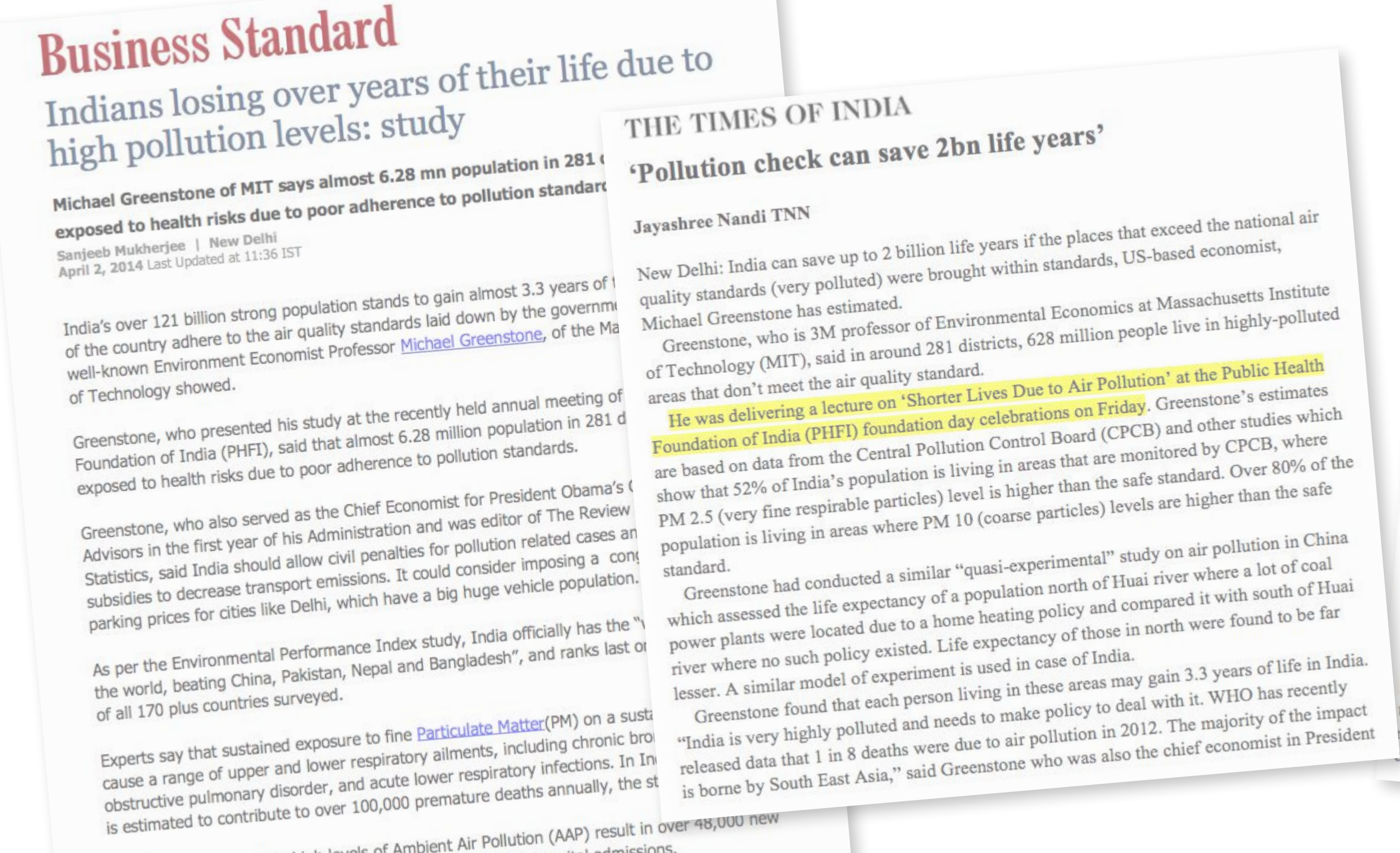
was highlighting the fact that interventions need to be focused on where the exposure is, rather than just where the emissions are, thereby tackling the key sources affecting health, rather than just air quality. The report also outlined actions to address long-term and episodic exposures in a holistic manner.

PHFI, along with Harvard School of Public Health (HSPH), was recently awarded a collaborative grant to establish the Air Pollution and Health **GEOHealth** Hub Research and Capacity Building Program. The goal is to accelerate scientific infrastructure development, enhance research training, and support research needed to fully characterize the relationship between air pollution and health outcomes in India. By training Indian scientists on how to assess indoor and outdoor air pollution and occupational exposures, conduct complex epidemiological studies of air pollution, epigenetic and mediation analysis, the proposed hub will enhance capacity to conduct research that will help inform policies to effectively mitigate the impact of air pollution on susceptible populations.

In January 2016, PHFI received a grant from Tata Sons to establish a **Centre of Excellence in Environment and Health**. Apart from undertaking policy relevant research on the health effects of various environmental hazards, the centre will also enable PHFI to partner with the Tata Institute of Social Sciences to strengthen academic programmes in this field.

Photo Credit - tomwang / 123RF Stock Photo

NEWS & PUBLICATIONS



Business Standard

Indians losing over years of their life due to high pollution levels: study

Michael Greenstone of MIT says almost 6.28 mn population in 281 d
exposed to health risks due to poor adherence to pollution standard

Sanjeeb Mukherjee | New Delhi
April 2, 2014 Last Updated at 11:36 IST

India's over 121 billion strong population stands to gain almost 3.3 years of
of the country adhere to the air quality standards laid down by the governm
well-known Environment Economist Professor Michael Greenstone, of the Ma
of Technology showed.

Greenstone, who presented his study at the recently held annual meeting of
Foundation of India (PHFI), said that almost 6.28 million population in 281 d
exposed to health risks due to poor adherence to pollution standards.

Greenstone, who also served as the Chief Economist for President Obama's
Advisors in the first year of his Administration and was editor of The Review
Statistics, said India should allow civil penalties for pollution related cases an
subsidies to decrease transport emissions. It could consider imposing a cong
parking prices for cities like Delhi, which have a big huge vehicle population.

As per the Environmental Performance Index study, India officially has the "
the world, beating China, Pakistan, Nepal and Bangladesh", and ranks last o
of all 170 plus countries surveyed.

Experts say that sustained exposure to fine Particulate Matter(PM) on a susta
cause a range of upper and lower respiratory ailments, including chronic bro
obstructive pulmonary disorder, and acute lower respiratory infections. In In
is estimated to contribute to over 100,000 premature deaths annually, the st

levels of Ambient Air Pollution (AAP) result in over 48,000 new
admissions.

THE TIMES OF INDIA

'Pollution check can save 2bn life years'

Jayashree Nandi TNN

New Delhi: India can save up to 2 billion life years if the places that exceed the national air quality standards (very polluted) were brought within standards, US-based economist, Michael Greenstone has estimated.

Greenstone, who is 3M professor of Environmental Economics at Massachusetts Institute of Technology (MIT), said in around 281 districts, 628 million people live in highly-polluted areas that don't meet the air quality standard.

He was delivering a lecture on 'Shorter Lives Due to Air Pollution' at the Public Health Foundation of India (PHFI) foundation day celebrations on Friday. Greenstone's estimates are based on data from the Central Pollution Control Board (CPCB) and other studies which show that 52% of India's population is living in areas that are monitored by CPCB, where PM 2.5 (very fine respirable particles) level is higher than the safe standard. Over 80% of the population is living in areas where PM 10 (coarse particles) levels are higher than the safe standard.

Greenstone had conducted a similar "quasi-experimental" study on air pollution in China which assessed the life expectancy of a population north of Huai river where a lot of coal power plants were located due to a home heating policy and compared it with south of Huai river where no such policy existed. Life expectancy of those in north were found to be far lesser. A similar model of experiment is used in case of India.

Greenstone found that each person living in these areas may gain 3.3 years of life in India. "India is very highly polluted and needs to make policy to deal with it. WHO has recently released data that 1 in 8 deaths were due to air pollution in 2012. The majority of the impact is borne by South East Asia," said Greenstone who was also the chief economist in President

live mint

End unsustainable fuel subsidy to reduce air pollution: PHFI

Report says diesel exhaust is a major contributor to transport emissions, especially of particulate matter

Neha Sethi

Some of the other actions that the paper recommends for reducing ambient air po include expanding real-time monitoring of ambient air quality in the country in h urban areas to study the impact. Photo: Hindustan Times

New Delhi: Public Health Foundation of India (PHFI) has said that ending uns subsidies is one of the major actions required to reduce ambient air pollution i

PHFI released a paper on Friday which said that diesel exhaust is a major co transport emissions, especially of particulate matter. "With 49% of all new c running on diesel (the cost of which is subsidised by the government) this p challenge that needs to be tackled," it said.

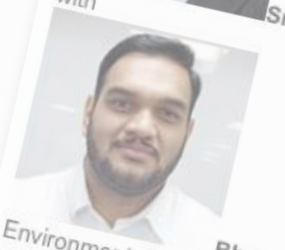
UNEP United Nations Environment Programme environment for development

OurPlanet

http://web.unep.org/ourplanet/september-2015/articles/tackling-hidden-assassin

Tackling the Hidden Assassin

with



Srinath K. Reddy, President, Public Health Foundation of India

Bhargav Krishna, *Research Fellow and Executive Aide to the President, PHFI*

Environmental pollution has now become the single largest risk factor for death and disability in the developing world. T especially true in India, where the ubiquity of sources and the manifold pathways to exposure ensure the impact of pollution is f all. The rapid economic growth of the last 25 years has left the country with a growing cloud of pollution, be it exposure from in cooking or vehicular exhaust, overuse of pesticides, heavy metals released from power plants and factories contaminating food water supplies, or chemical wastes discharged into vital river systems.

Exposure to a range of toxic chemicals has been a long-standing issue in India, and continues to grow as a risk factor for ill hea The shadow of inadequacy in chemical management goes all the way back to the Bhopal Gas tragedy—one of the worst industr disasters in history, resulting in thousands of deaths—and continues today, with several dozen critically polluted industrial clusters the country. The issue recently came to the forefront with the proliferation of mercury pollution in southern India as a result o inadequate remediation by a multinational consumer goods company at a former production facility. And the clean-up of legacy sites continues to be a major problem, with one study estimating there to be hundreds of such toxically polluted sites in India.

Toxic chemicals in food chains were recently highlighted by publicity over high levels of lead in popular processed foods. These foods were taken off the market, but the issue of why these levels occurred was never really discussed. Nor was broadened to encompass the real problem—that around 20 per cent of random samples tested by Standards Authority do not conform to national standards. Recycling used lead acid batteries is but legislative frameworks are poorly enforced, resulting in over half of it occurring recyclers rarely have adequate safety protocols, exposing workers, and often seeps into the soil and the water supply.

The health impacts of exposure to toxic chemicals

KNOWLEDGE SHARING AND CROSS LEARNING EVENTS ORGANISED BY PHFI

CLOCKWISE FROM TOP LEFT

Dr Prabhakaran and Dr Sandeep Bhalla sign MoU with the, Hon'ble Mayor of Kolkata, Shri Sovan Chattopadhyay, Kolkata Municipal Corporation for adoption of CCEBDM course

Honourable Sh. Tarun Gogoi, Hon. Chief Minister of Assam, Dr K Srinath Reddy, President, PHFI, Prof Kulendu Pathak, Former Vice Chancellor, Dibrugarh University at the Convocation of CCEBDM

Consultation meeting on EcoHealth / One Health in South Asia organised by PHFI

Alcohol Taxation Consultation organised by PHFI

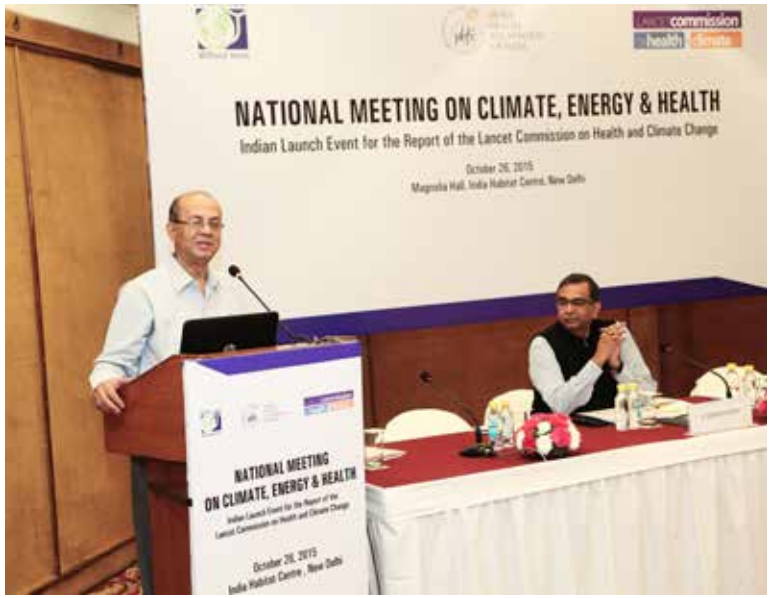
Dr Rajesh Bhatia, Dr V C Ohri, Dr R Laxminarayan, Prof Ganguly, Dr Dilip Mathai and Dr Chand Wattal at the Launch event and Panel Discussion, State of the World 's Antibiotics, 2015

Former Health Minister Dr Harsh Vardhan releases the report on the "Economic Burden of Tobacco Related Diseases in India" on World No Tobacco Day

Symposium organised by PHFI on Universal Health Coverage

Dr Montek Singh Ahluwalia speaking at the symposium on Universal Health Coverage organised by PHFI and HEAI

Professor Jeremy Farrar, Director, Wellcome Trust addressing researchers and faculty at the PHFI office

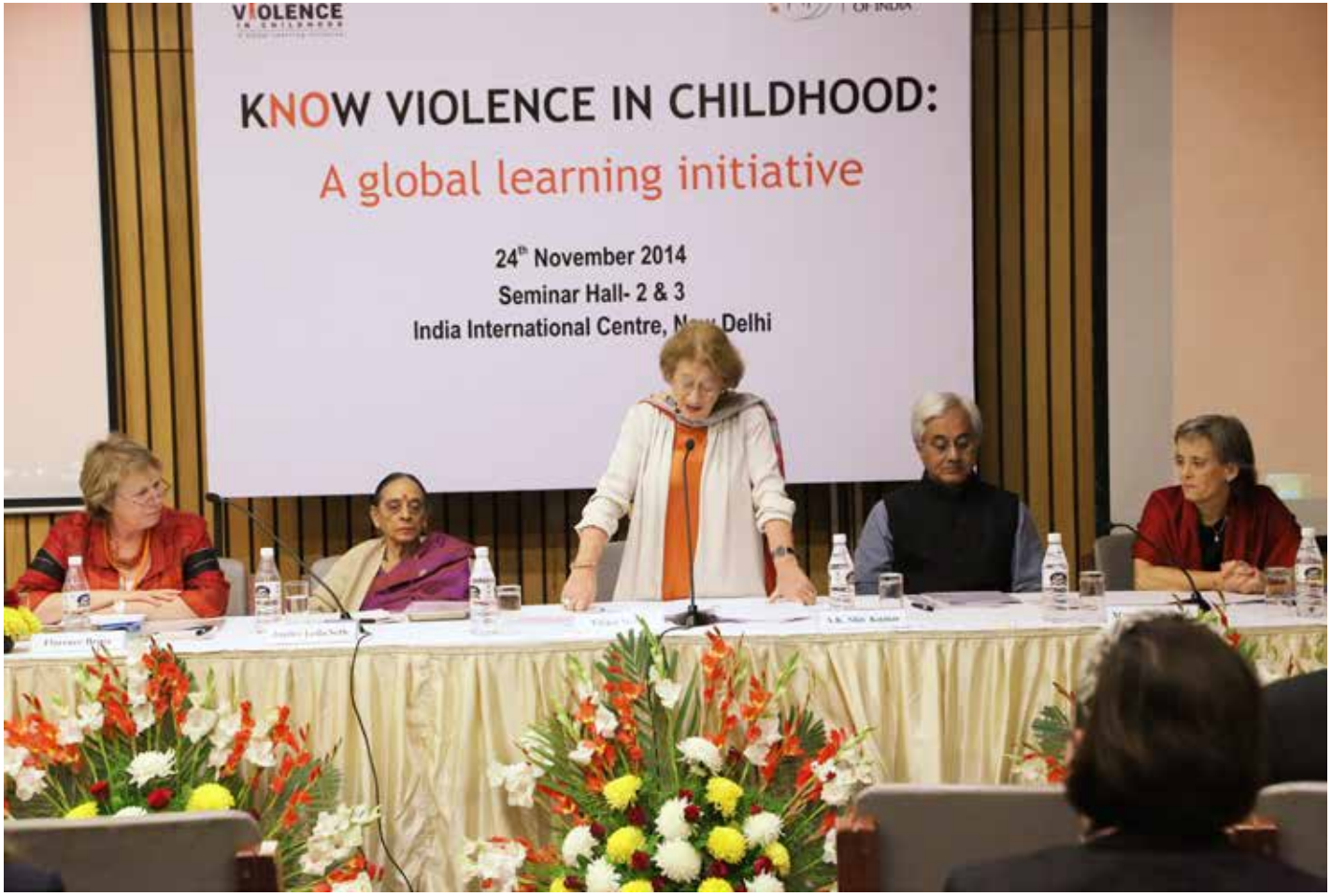


CLOCKWISE FROM TOP LEFT

Dr. Robert Black, Professor of International Health at the Johns Hopkins Bloomberg School of Public Health and lead author of the Lancet Series at the *Lancet Series on Maternal and Child Nutrition 2013*

National Board of Examinations (NBE) and PHFI, *release of the Report of Health Professional Education for a New Century* by Sh. CK Mishra Additional Secretary, Ministry of Health and Family Welfare, Dr K Srinath Reddy, President PHFI and Prof. M.C. Misra, Director AIIMS

PHFI and partners launched a comprehensive diabetes prevention and management programme UDAY



Launch event of KNOW VIOLENCE

Know Violence in Childhood: A Global Learning Initiative is a new global initiative of leading independent experts created to generate evidence and advance action on preventing violence. The technical secretariat is located at PHFI

IIPH - Gandhinagar participated in Vibrant Gujarat 2015

PHFI FOUNDATION DAY

PHFI celebrates Foundation Day each year, with a lecture which focuses on a public health area of national and global importance, delivered by a distinguished leader.

• **2015: Professor James. W. Curran**, Dean of the Rollins School of Public Health at Emory University: 'What has Public Health learned from HIV?'

• **2014: Professor Michael Greenstone**, 3M Professor of Environmental Economics at the Massachusetts Institute of Technology: Shorter Lives Due to Air Pollution and Some Potential Solutions for India,

• **2013: Professor Dulitha Nandanie Fernando**, Emeritus Professor, Community Medicine, Faculty of Medicine, University of Colombo: Orienting Health Systems to Women's Health

• **2012: Dr Julio Frenk**, Dean of the Faculty and T & G Angelopoulos Professor of Public Health and International Development at the Harvard School of Public Health: Transforming Health Professional Education for the 21st Century

• **2011: Professor Peter Piot**, Director, London School of Hygiene and Tropical Medicine: Global Health in the 21st Century: From Concerns to Concerted Action

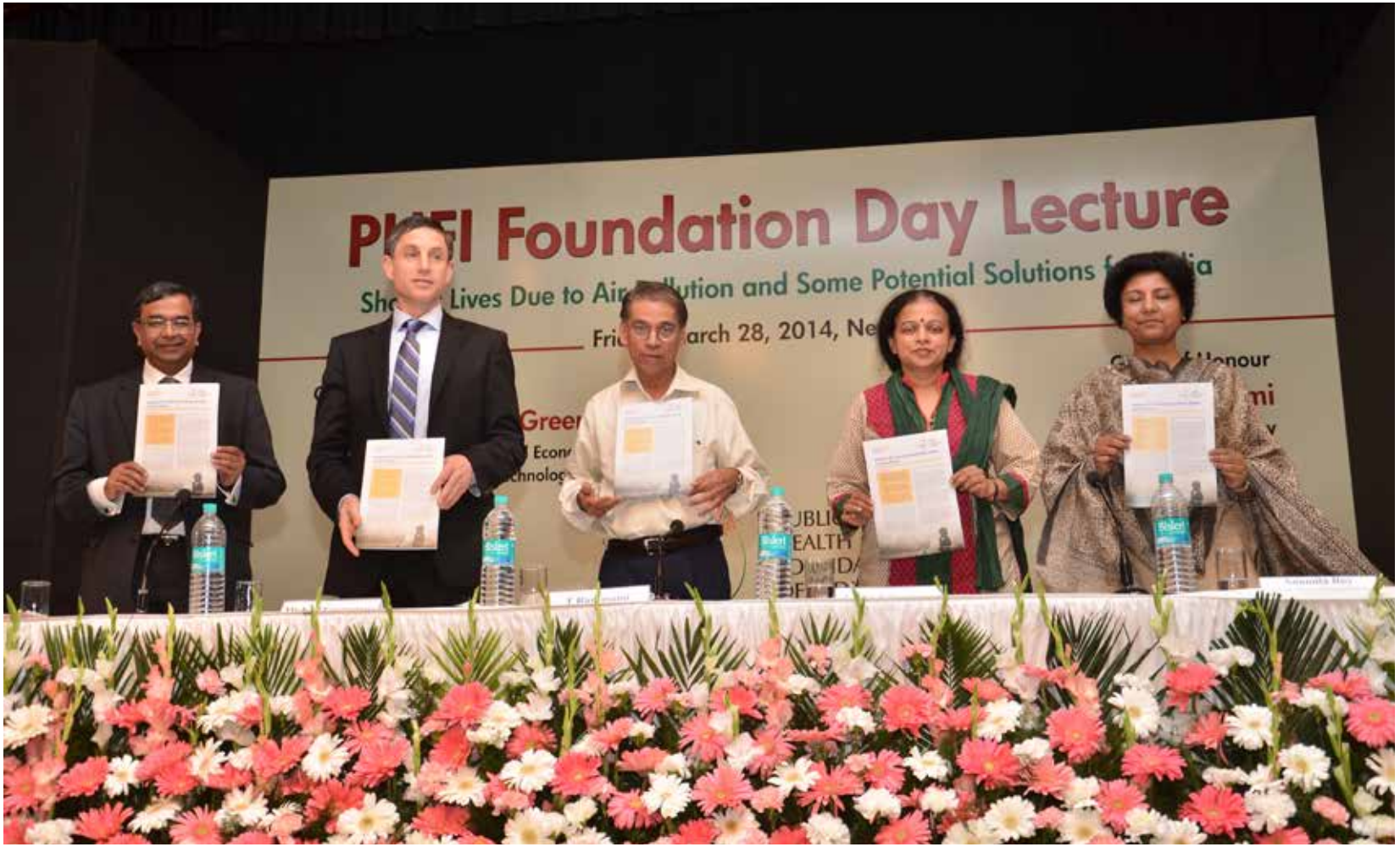
• **2010: Dr Tim Evans**, Assistant Director General, World Health Organisation: Improving the public health workforce: a change in 'per diem' or 'paradigm'?

• **2009: Prof. Sir Andrew Haines**, Director, London School of Hygiene & Tropical Medicine: Revitalising Primary Health Care: From Evidence to Action

• **2008: Prof. Anthony J. McMichael**, NHMRC Australia Fellow at the National Centre for Epidemiology and Population Health, The Australian National University, Canberra: Environment, Climate and Health, An Expanded Public Health Research and Policy Agenda for the 21st Century

Professor Julio Frenk delivers the Foundation Day Lecture on *Transforming Health Professional Education for the 21st Century*

Professor James. W. Curran, Dean of the Rollins School of Public Health, speaking on *'What Public Health has learned from HIV'*?



PHFI releases a call for action policy brief on ambient air pollution and public health which preceded a panel discussion where apart from Prof Greenstone, Dr Leena Srivastava, Executive Director TERI and Ms Anumita Roy Chowdhury, Executive Director, Research and Advocacy, Centre for Science and Environment were panellists, moderated by Dr T Ramasami, Secretary, Department of Science and Technology, Government of India

OTHER DISTINGUISHED INTERNATIONAL SPEAKERS WHO HAVE DELIVERED PUBLIC LECTURES ORGANISED BY PHFI

Ms. Mary Robinson
Former President of Ireland and Director General of UN Human Rights Commission

Prof. (Sir) Michael Marmot
Chair of the WHO Commission on Social Determinants of Health

Prof. Jeffrey Sachs
Chair of the Sustainable Development Solutions Network

Prof. Christopher Murray
Director of the Institute of Health Metrics and Evaluation, University of Washington

Photo Credit - rawpixel/123RF Stock Photo

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PARTNERSHIPS FOR A PUBLIC PURPOSE

PARTNERSHIPS FOR A PUBLIC PURPOSE

PHFI is a unique, not-for- profit public private partnership. PHFI represents a true 'Partnership for Public Purpose' that is working collaboratively with range of stakeholders including the national and state governments, national and international academia, civil society, global foundations, individual leaders, and the private sector. It functions as an independent foundation and is registered as a Society in India.

The creation of PHFI in 2006 was enabled by the Government of India, and was supported by multiple stakeholders. Initial funding came from Ministry of Health & Family Welfare (MoHFW), the Bill & Melinda Gates Foundation and private philanthropy. Amongst the other core supporters of PHFI are Nand & Jeet Khemka Foundation, Infosys Foundation and HCL Corporation

PHFI adopts an integrative approach to public health that emphasises preventive and promotive dimensions of health and strengthening of health systems for delivering wide range of services

It is governed by an empowered and international Board with representation of eminent personalities. The Secretary, MoHFW is on the Board (Executive Committee) of PHFI and State Governments are on the Regional/ Advisory Councils of IIPHs

GOVERNMENT

- Ministry of Health and Family Welfare
- Other Ministries of Government of India
- Various State Governments
- Government Health Agencies & Services

CIVIL SOCIETY ORGANISATIONS

- Health NGOs
- Other development NGOs

INDUSTRY LEADERS

- Indian Industry Heads
- Global Corporation Leaders
- Global Health Leaders

ACADEMIA

- National Experts in Public Health
- International Public Health Schools
- Global Health Leaders

OUR GRATEFUL THANKS TO OUR INSTITUTIONAL FUNDERS AND SUPPORTERS

Supporters, including founding members, providing institutional funding towards organisational priorities (such as development of IIPHs, Centers, Scholarships, Initiatives) through contribution to corpus or specified funds

Central & State Governments

- Ministry of Health & Family Welfare, *Government of India*
- State Governments of Gujarat | Delhi | Odisha | Telangana | Meghalaya | Karnataka *(State Governments as IIPH development partners under an MoU)*

Foundations & Trusts

- Bill & Melinda Gates Foundation
- Nand & Jeet Khemka Foundation
- Wellcome Trust
- Friends of ISB Foundation
- Amar Foundation
- Infosys Foundation
- Spandana Foundation
- HT Parekh Foundation
- American India Foundation
- Deshpande Foundation
- Heart Foundation and Research Institute
- Cyient Foundation
- Deepak Foundation
- Sir Dorabji Tata Trust

Private Sector & Individual Philanthropists

- HCL Corporation Limited
- Ms. Rohini Nilekani
- AKM Systems Private Limited
- Tata Sons Limited
- Reliance Industries Limited
- Ranbaxy Promoter Group
- GMR Projects Private Ltd
- GVK Power and Infrastructure Ltd
- Mr NR Narayana Murthy
- Dr Varaprasad Reddy
- Dr. Mangal Katikineni, Dr. Anil Tulpule and Dr. M K Mohan
- MMTC Limited
- McKinsey & Company
- Prof M A Vijayalakshmi
- Dr. Donald Stablein
- Mr Hari Buggana
- Binani Cement Ltd.

OUR VALUED NATIONAL AND INTERNATIONAL PARTNERS IN PUBLIC HEALTH PROGRAMS

ACADEMIC & RESEARCH ORGANISATIONS/ASSOCIATIONS

GOVERNMENT & ITS DEPARTMENTS AND PROGRAMS; BILATERAL/ MULTILATERAL AGENCIES

FOUNDATIONS & PRIVATE SECTOR ORGANISATIONS

February 2016 | Full list of collaborators at : https://www.phfi.org/collaborations/our-collaborators

IN THE WORDS OF OUR PARTNERS

UNIVERSITY OF MICHIGAN
SCHOOL OF PUBLIC HEALTH

MARTIN A. PHILBERT, PhD
DEAN AND PROFESSOR OF TOXICOLOGY
1415 WASHINGTON HEIGHTS
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FAX: (734) 764-8563
E-MAIL: philbert@umich.edu

July 31, 2014

The Hon'ble Prime Minister of India
South Block, Raisina Hill,
New Delhi-110011

Subject: Extension of support to grant University status to Public Health Foundation of India (PHFI) and its constituent units of Indian Institutes of Public Health (IIPH)

Esteemed Prime Minister, on behalf of the undersigned deans of schools of public health, we extend our heartiest congratulations and best wishes to the new government under your leadership. We have been keenly following the health policy announcements by your government, particularly the National Health Assurance Mission, and commend you for putting public health amongst the top priorities. In line with its place in global economy, India can be a force in global health as it improves its own health outcomes and brings up new models and innovations in health systems to increase health access and affordability.

As part of our global health partnerships, our schools have active academic and research collaborations with Indian public health institutions, including the Public Health Foundation of India (PHFI) and the Indian Institutes of Public Health (IIPHs) established by it. It is our strong belief that building a base of skilled public health professionals will be a critical enabler for designing and delivering effective health policies and programs.

We have watched with great admiration the growth of PHFI-IIPHs as a multi-disciplinary education-research-practice focused institution, having strong connections with national and international academic and research organizations. It is commendable that in a short span, PHFI has built a talent pool of 600 plus professionals including not just medical doctors but also nutritionists, economists, engineers and social scientists. Through its on-campus and distance education programs, it has trained 20,000 plus public health professionals. The research output has been impressive with 1000 plus publications in highly rated peer reviewed journals, and the knowledge base is being applied to improve health policy and programs.

Towards realizing its full potential and becoming a truly world class institution of higher learning, PHFI can benefit immensely from a formal recognition and empowerment as a National University. This would not only enable it to award Graduate degrees, PhD and other academic qualifications in the disciplinary streams of public health, but also support greater academic collaborations with other institutions and universities across the world. We urge you to lend your support for granting of University status to PHFI and its constituent IIPHs.

The letter was signed by Deans from Universities of Michigan, Harvard, Emory, Pittsburgh School of Public Health, Minnesota School of Public Health, Washington School of Public Health, John Hopkins, North Carolina Gillings School of Public Health and Johns Hopkins

London School of Hygiene & Tropical Medicine
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LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Baron Peter Piot CMG FRCP FMedSci
Director and Professor of Global Health

The Honorable Prime Minister of India,
Prime Minister's Office
South Block, Raisina Hill
New Delhi – 110 011
India

20 August 2014

Esteemed Prime Minister

Endorsement of the granting of University Status to the Public Health Foundation of India (PHFI) and its constituent units of Indian Institutes of Public Health (IIPHs)

On behalf of the London School of Hygiene & Tropical Medicine, I would like to convey our admiration of the emphasis laid by the new government, under your able and experienced leadership, on public health as an integral component of the development agenda. Your vision, combined with the efficient and accountable governance that is expected to be the hallmark of your administration, can prove truly transformational for the health system in India. Your proposal to provide every citizen with accessible and affordable health care through a National Health Assurance Programme has the potential to deliver a substantial base of healthy and productive workforce to the country.

As part of our initiatives towards fostering strong and enduring academic linkages between India and the UK Institutions, we have been actively engaged with the Public Health Foundation of India (PHFI) and the Indian Institutes of Public Health (IIPHs) established by it. We deeply admire the strong base of on-campus and distance education programmes that has been built by PHFI in a short span of 5-6 years. The multi-disciplinary resource base and strong linkages with on-the-ground research and health system activities lends a unique character to the IIPHs as world class institutions of higher learning.

We are of the firm view that one of the critical needs with regard to the planned provision of high quality and large-scale public health education in India, is the development of appropriately skilled faculty in adequate numbers. In view of this, a consortium of 16 UK Schools of Public Health have partnered with PHFI through the *Wellcome Trust Capacity Strengthening Strategic Award*, for developing future leaders in public health. This programme includes opportunities for doctoral & masters studies, research fellowships, collaborative research projects, short training courses and faculty exchanges between India and the UK The current phase of the programme leverages the skills and resources of the UK consortium to further strengthen inter- and intra-country research, education and practice links by facilitating the transition of doctoral candidates to being independent research and faculty leaders. So far, over 90 talented young health

Improving health worldwide

Letter of support to PHFI from London School of Hygiene & Tropical Medicine

October 31, 2014

The Hon'ble Prime Minister of India
South Block, Raisina Hill
New Delhi – 110011

Esteemed Prime Minister,

We are writing, both as scientists and citizens, to congratulate you on your commitm
to strengthen the base of public health in the country through universal availabili
sanitation and clean drinking water. We are also happy that your vision of 'I
Assurance for All' will open pathways for universal access to affordable, high
health care at all levels. At the same time, there is a great unmet need for publi
expertise which can assist policies and programmes through knowledge gener
application. This serious gap has resulted in our country's under performanc
areas of public health. Meeting the shortfall of public health professionals is
for creating robust health systems which can provide a sustained and holisti
public health concerns of the country.

The Public Health Foundation of India (PHFI) was launched in 2006,
these concerns. The Foundation was established as a result of national
and with the support and approval of the Ministry of Health an
(MoHFW) and other partners which include the Bill and Melinda Ga
a public private partnership, structured as an autonomously gover
Governing Council comprising senior Government officials, publ
scientists, civil society representatives and industry leaders.
establish public health institutes of excellence, assist the growth
training institutions, undertake policy and programme releva
advocate for public policy linked to broader public health goa
of quality standards for public health education.

- 2 -

PHFI's academic programmes are closely aligned to national health priorities. PHFI already enjoys the recognition of Ministry of Health and Family Welfare as a nodal agency for education for its post graduate diploma programme in Public Health Management which is linked to the National Health Mission. PHFI provides technical support to the national programmes for HIV-AIDS (NACP), tobacco control, and routine immunization (part of the National Health Mission). PHFI was designated, by the Government of India, as the technical secretariat for supporting the work of the High Level Expert Group (HLEG) on Universal Health Coverage, preparatory to the drafting of the 12th Five Year Plan. PHFI was also tasked by MoHFW to prepare the situational analysis and roadmap report on Allied Health Professionals, to enable the establishment of National and Regional Institutes of Allied Health Sciences. The Swasthya Slate, developed by the Affordable Technologies Unit of PHFI, has been deployed in the primary health care services of Jammu and Kashmir, under NRHM. It is also assisting several state governments in building public health management capacity among medical officers of the state health services.

The growth of PHFI-IIPHs, as a multi-disciplinary education-research-practice focused institution having strong connections with national and international academic and research organizations, has been remarkable. Over the last eight years, PHFI has established four functioning Indian Institutes of Public Health (IIPHs) in Gandhinagar, Hyderabad, Delhi and Bhubaneswar. They offer a variety of post graduate diploma courses as full time, distance learning and certificate programs. In addition, the IIPHs partner with the Governments of Madhya Pradesh and Karnataka, to conduct public health diploma programmes for government doctors from state health services, in facilities provided by those governments. It is commendable that in a short span, PHFI has built a technically skilled talent pool of over 600 professionals including large number of PhDs and not just medical doctors but also, economists, nutritionists, engineers, behavioral and social scientists. PHFI has attracted many talented public health professionals ... who may not have relocated to India in ... campus and distance education programs. ... ssionals. The research output has been ... hly rated peer reviewed journals. This ... lth policy and programs. Further, PHFI ... nerships with leading universities in the ... programs in areas of mutual interest in

Contd....3

- 3 -

PHFI is striving hard to get recognition as a University of Excellence and has sought relevant recognition from the Government. Conferring university status on PHFI will provide the much needed stimulus to its constituent Indian Institutes of Public Health to pursue their quest for knowledge and translate it into action by addressing the emerging national and global priorities through interdisciplinary and health system connected teaching and research. This would be the first full-fledged University dedicated to interdisciplinary studies in Public Health in India.

We are happy to learn that the first permanent campus of IIPH at Gandhinagar will be ready for launch in January 2015. The foundation stone of that institute was laid by you and its auspicious opening will signal a leap forward in India's capacity building for public health. We are personally aware of the excellent work being done by PHFI and its Indian Institutes of Public Health and would be grateful if the Government of India grants a University status to the Public Health Foundation of India, thereby enabling its efforts to work towards a Swasthya Bharat

Thanks and regards,

(M. S. Valiathan)
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Karnataka
Email: msvaliathan@gmail.com

(R. A. Mashelkar)
Chairman,
Academy of Scientific and Innovative Research
New Delhi
Email: ram@ncl.res.in

(M.K. Bhan)
Former Secretary to Govt. of India, Department of Biotechnology & Professor,
All India Institute of Medical Sciences
Email: rajkbhan@gmail.com

Letter of support to PHFI by Indian scientists

Public Health Foundation of India being awarded the PHD Chamber Award for Excellence in Skill Development for the Year 2015 by Shri. Rajnath Singh, Honourable Union Home Minister, Government of India at PHD House. *Photo credit: PHFI*

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AWARDS AND HONOURS

AWARDS & HONOURS

Among the several honours and awards received by PHFI's faculty and scientists, some are listed below

• Public Health Foundation of India awarded the PHD Chamber Award for Excellence in Skill Development for the Year 2015 by the Union Home Minister, Shri Rajnath Singh

• Diabetes training programmes - CCEBDM and CCGDM are recognised by prestigious International Diabetes Federation for the period 2014-2016 and 2015-2017 respectively. CCGDM is also accredited by South Asia Federation of Endocrinology Society (SAFES) from 2014 to 2016

• Certificate Course in Gestational Diabetes Mellitus offered by PHFI was awarded "FICCI Health Care Excellence Award 2015" in the Skill Development Category

• Healthy-India.org has been adjudged Winner of the PC World Web Awards 2008, for excellence in overall performance in the healthcare category. The awards were presented across 31 categories and experts rated about 500 websites to declare the website a winner

• Professor K Srinath Reddy was conferred honorary Doctor of Science (Medicine) by Her Royal Highness Princess Anne at Buckingham Palace.
- Co-Chairs the Health Thematic Group of the UN Sustainable Development Solutions Network.
- Member of the Global Panel on Agriculture and Food Systems for Nutrition
- Independent commission on Health Professional Education
- Lancet Commission on Investing in Health

• Professor Dorairaj Prabhakaran and Dr. Shweta Khandelwal have been appointed to the Food Safety and Standards Association of India's Expert Committee on the regulation of sugar, fats and salt in processed foods

• Professor Ramanan Laxminarayan was recently appointed a voting member of the United States Presidential Advisory Council on combating Antibiotic-Resistant Bacteria

• Professor Vikram Patel named Time Magazine's 2015 List of 100 most influential people in the world
- Awarded prestigious Institute of Medicine's 2014 Sarnat Prize for his research and Contributions to Improving Mental Health Care in Developing Countries
- Awarded the 4th annual Chanchlani Global Health Research Award by the Chanchlani Research Centre, McMaster University, Hamilton, Ontario, Canada

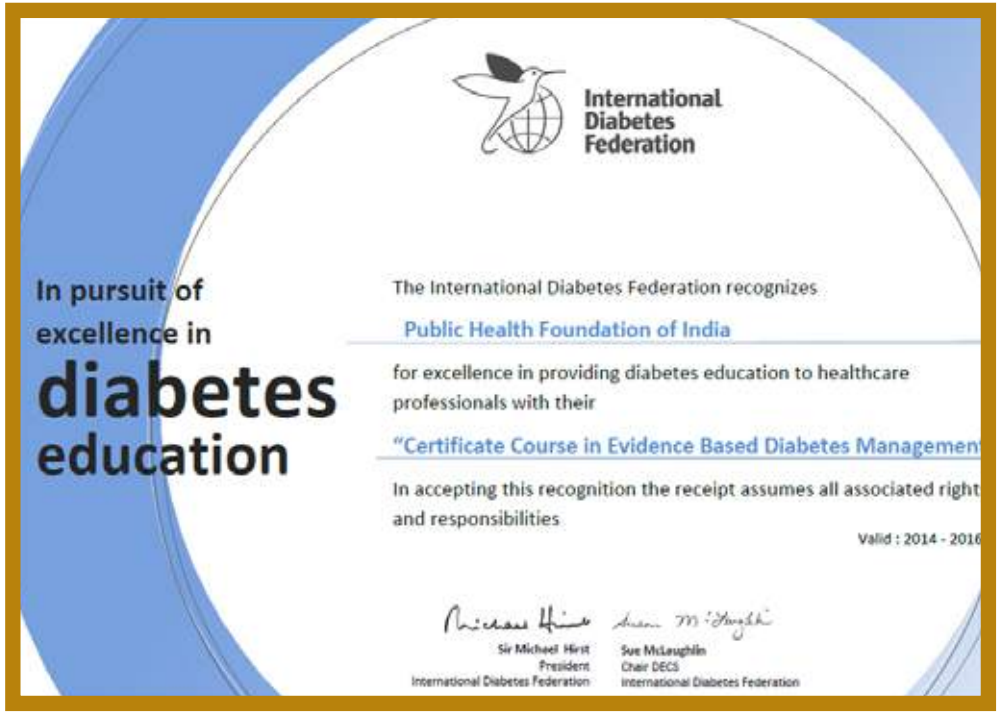
• Professor Sanjay Zodpey was elected Chief Editor of the Indian Journal of Public Health

• Dr. Santanu Pramanik was awarded the prestigious Cochran-Hansen Prize of the International Association of Survey Statisticians (IASS)

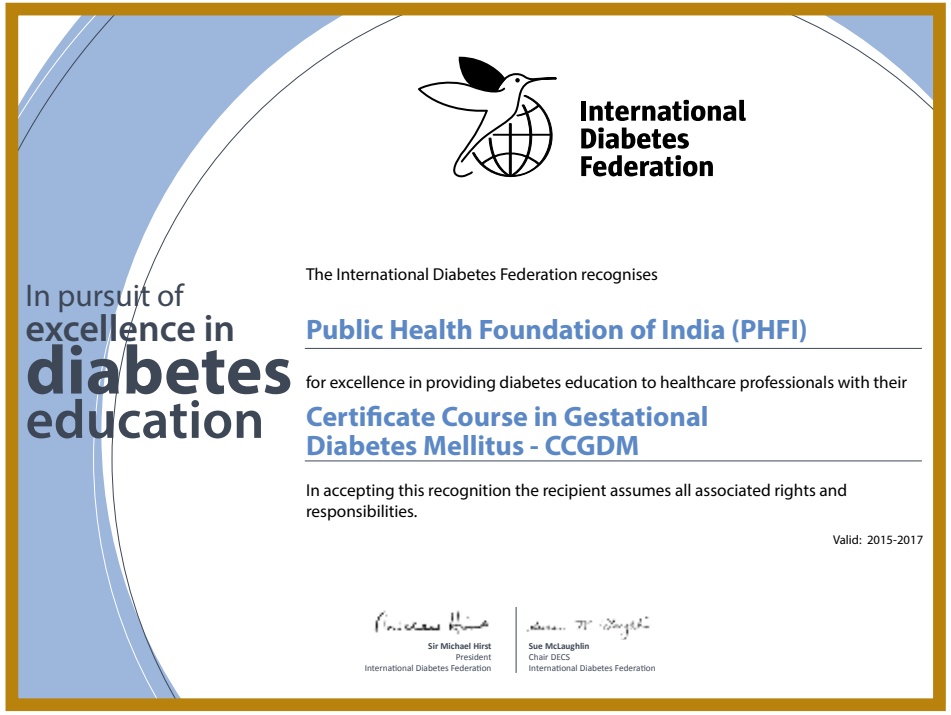
• Dr. Shifalika Goenka is a member of the Lancet Commission on Obesity

• Dr. Monika Arora was conferred the WHO Director General's World No Tobacco Day Award in 2012 for anti- tobacco advocacy efforts and has been nominated for the Graduate Institute of International and Development Studies, Geneva 300 Women Leaders in global health

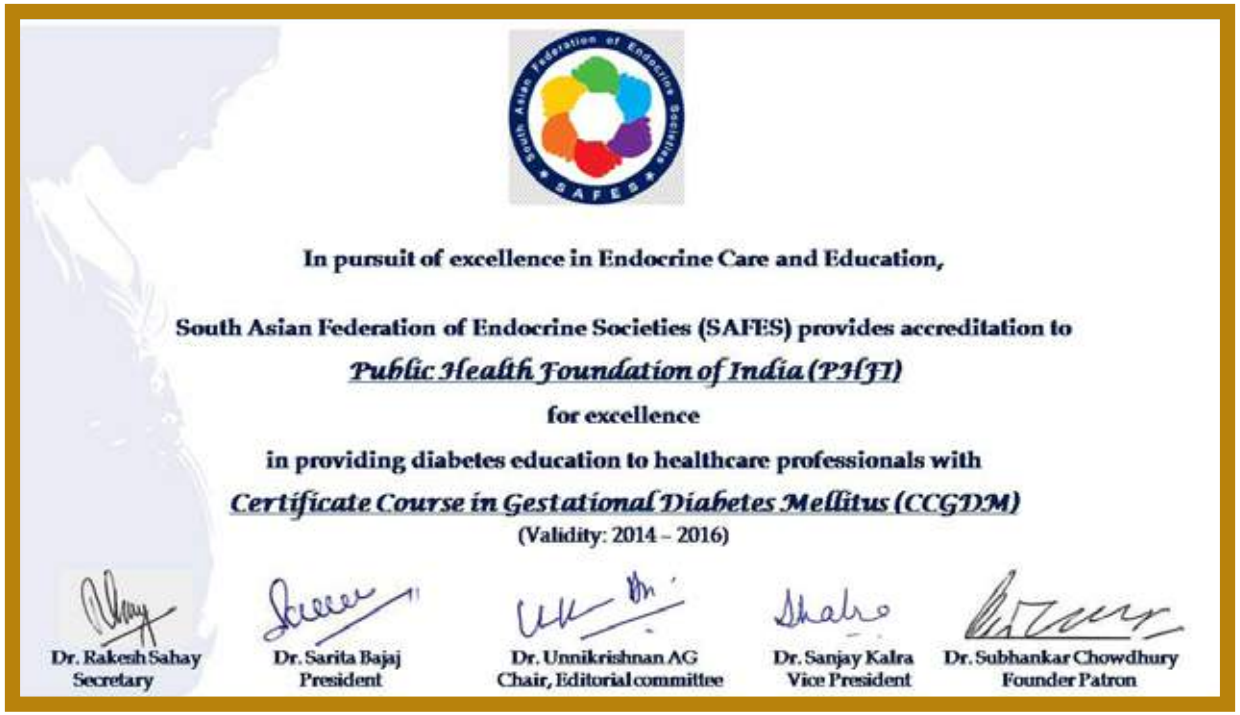
• Dr. Kabir Sheikh was elected as Vice Chair of the board of Health Systems Global, an international membership organisation dedicated to promoting health systems research and knowledge translation



International Diabetes Federation (IDF) recognises Certificate Course in Evidence Based Diabetes Management - CCEBDM



International Diabetes Federation (IDF) recognises Certificate Course in Gestational Diabetes Mellitus – CCGDM



In pursuit of excellence in Endocrine Care and Education,

South Asian Federation of Endocrine Societies (SAFES) provides accreditation to

Public Health Foundation of India (PHFI)

for excellence

in providing diabetes education to healthcare professionals with

Certificate Course in Gestational Diabetes Mellitus (CCGDM)

(Validity: 2014 – 2016)

Dr. Rakesh Sahay
Secretary

Dr. Sarita Bajaj
President

Dr. Unnikrishnan AG
Chair, Editorial committee

Dr. Sanjay Kalra
Vice President

Dr. Subhankar Chowdhury
Founder Patron

South Asian Federation of Endocrine Societies (SAFES) accredited PHFI for excellence in diabetes education for CCGDM module

“Health leaps out of science and draws nourishment from the society around it.”

—GUNNAR MYRDAL

Photo of children at an Anganwadi Center. *Photo Credit: PHFI*

We would like to acknowledge staff and colleagues at the Public Health Foundation of India and its constituent units for their valuable contribution in developing this book.