



HEALTHY INDIA ALLIANCE
for prevention and control of NCDs

**INDIA
CIVIL SOCIETY
STATUS REPORT
2016-2017**

**MAPPING INDIA'S RESPONSE TO
NCD PREVENTION AND CONTROL**



Photo credit: Pallium India





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For more information visit: www.healthyindiaalliance.org

EXECUTIVE SUMMARY

I. Executive Summary

India is currently faced with the dual burden of communicable and non-communicable diseases, causing damaging effects to the health and development of the country. Non-Communicable Diseases (NCDs), including cancers, cardiovascular diseases, chronic respiratory diseases and diabetes account for 62% of the annual deaths in India. Most NCDs are attributable to four common risk factors – tobacco and alcohol use, unhealthy diets and physical inactivity. Tobacco use is the single, common risk factor for the four NCDs that are most prevalent in India. Every year, nearly 13.5 lakh Indians die from tobacco related diseases- over 3.5 lakh deaths from smokeless tobacco use and nearly 10 lakhs from smoking. In public hospitals, 25% of all hospitalizations are attributable to NCDs and India stands to lose over 4 trillion dollars before 2030 due to NCDs and mental health conditions. The growing burden of NCDs in India threatens sustainable development in the region calling for urgent and affirmative action on prevention, early detection, treatment and rehabilitation for all.

The Ministry of Health and Family Welfare, Government of India's (MoHFW, GoI) Multisectoral Action Plan for the Prevention and Control of NCDs, is a blueprint for multisectoral and multi-partner collaboration to address NCDs through the ten voluntary national NCD targets that India adopted in 2013. Partnership among the Government, UN agencies, particularly the World Health Organization and civil society, is important to progress towards the global NCD targets and the Sustainable Development Goals.

In response to the NCD epidemic in India and the need for accelerated action to reduce the burden of premature mortality caused due to NCDs, the Healthy India Alliance (HIA) was formed in 2015. The Healthy India Alliance aims to create an enabling environment for meaningful engagement of health and non-health CSOs to address the far-reaching consequences of NCDs in India and promote sustainable development in the country. The Healthy India Alliance is supported by the NCD Alliance.

The Healthy India Alliance conducted a benchmarking exercise to chart out India's NCD response trajectory and gauge the country's policy and programme progress on NCDs. The exercise was coordinated by the HIA Secretariat with inputs from member organisations and key individual stakeholders, including from the WHO Country Office for India. This Civil Society status Report presents the main findings of this exercise, providing an evidence-based overview of the NCD response in India from a civil society perspective, highlighting policy successes, challenges and gaps. The findings present an important roadmap for advancing government and civil society efforts on the prevention and control of NCDs in India.



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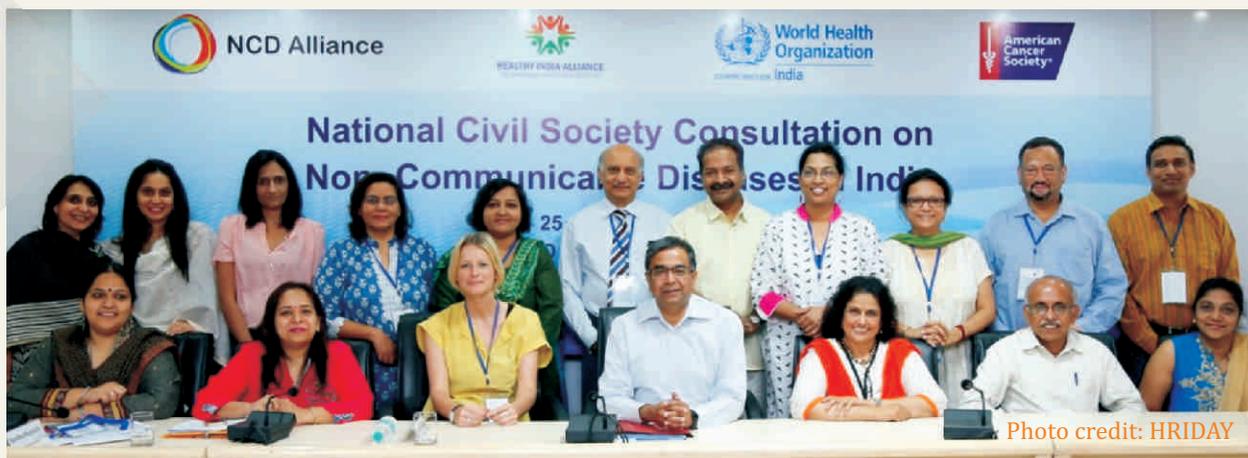


The main findings of this report include:

- India's global and national commitments to reduce the burden of NCDs are noteworthy but implementation remains a key challenge in achieving the policy and programme goals.
- Over the last decade, NCDs have been prioritised on the health and development agendas, but an integrated approach across policies and programmes with adequate resource allocations is yet to be achieved.
- Given that health as a subject is on India's state list, different states in India are at various levels of policy formulation and implementation with regards to health issues, including NCDs. This can impact the overall achievement of India's time-bound voluntary targets on NCDs.
- India has a strong legacy in tobacco control at the global, regional and country levels but learnings are yet to be translated to policy and programme efforts, required to address other major NCD risk factors including alcohol use, unhealthy diets and physical inactivity.
- There is coordinated and growing civil society movement for NCDs in India that brings together organisations with strong track records in preventive, promotive, palliative care, awareness and advocacy efforts, and seeks to engage non-traditional, non-health stakeholders, people living with NCDs and youth to strengthen the movement.
- There is an emerging and enabling environment for strong partnerships between civil society and the government to respond to NCDs at the national level but institutional guidelines are imperative for them to remain effective at the national and sub-national levels.
- There is an urgent need to strengthen India health system response through trained health personnel at all levels (primary, secondary and tertiary), early detection and referral mechanisms and easy access to affordable treatment for all. Limited resources are a major challenge in addressing this important need and the engagement of private sector through regulated means and without conflict of interest, must be explored.
- Resources for national research for NCDs are still limited but civil society and academia have played an important role in generating evidence for informing NCD policies.
- Monitoring and surveillance of NCDs in India must be strengthened and integrated to meet global standards. While surveillance of certain risk factors like tobacco is ongoing, there is need for an integrated approach for data collection for NCDs.

II. Who We Are

The global NCD Alliance, led by seven international NGO federations, and WHO South-East Asia Regional Office (SEAR) convened a Consultation of CSOs, in July 2015, from the Region to deliberate on priorities and strategies to advance NCD prevention and control in the Region and the role that CSOs can play in this sphere.



As a follow up to this SEAR CSO Consultation, the NCD Alliance convened an Indian civil society roundtable. The purpose of the roundtable meeting was to foster a collaborative CSO response to a Request for Proposals for a multi-disciplinary CSO coalition set-up in India to strengthen NCD action. Following this, a group of organisations working on NCD issues in India volunteered to form the Healthy India Alliance, “for the prevention and control of NCDs” with the following objectives:

- **Converge** – all activity connected to NCD concerns to global, national, regional and local Action Plans on SDGs and NCDs to reach the 25 x 25 targets.
- **Collaborate** – Our combined strength will make government agencies to take note of NCD concerns as a national development priority.
- **Care** – Facilitate common platform for screening, counseling and referral for people diagnosed and living with NCDs
- **Connect** – Join the dots in currently separate Awareness campaigns, engage the media and generally educate the public on common risk factors and ease of screening to prevent spread of NCDs.
- **Capacity** – Build a common Training Programme for Health Educators through our combined strengths.
- **Catalyse** – Include non-health CSOs, particularly those working for sanitation, clean water, gender equality and environment, whose contribution to health is beyond price.

The Governing Board of the Alliance comprises of following 16 organisations:

- Association of Adolescent and Child Care in India
- Alzheimer's and Related Disorders Society of India
- Cancer Foundation of India
- Centre for Chronic Disease Control
- Clean Air Asia
- Dakshayani and Amravati Health and Education (DakshamA)
- HealthBridge
- HRIDAY (Health Related information Dissemination Amongst Youth): Secretariat
- Indian Cancer Society
- Madras Diabetes Research Foundation
- Nada India Foundation
- Pallium India
- Public Health Foundation of India

- SundaramArulrhaj Hospital
- The Union South East Asia
- Vital Strategies

The Alliance organised the First National Civil Society Consultation, “the Consultation” on NCDs in India, from 25th to 27th April, 2016 in New Delhi, in collaboration with the World Health Organization (WHO) Country Office for India, the NCD Alliance and the American Cancer Society (ACS). The objective of the meeting was to provide CSOs a combination of capacity building, information and networking sessions and facilitate a concrete way forward to augment CSO engagement for NCD prevention and control. The Consultation also sought to provide an interface between government; UN institutions like World Health Organization (WHO), United Nations Development Project (UNDP), United Nations Children's Fund (UNICEF) and civil society organisations, to develop strategic partnerships for achieving India's national NCD targets, with the overarching goal of reducing premature NCD mortality by 25% by 2025. Some of the key observations from the Consultation were:

1. A pressing need for meaningful and concrete civil society engagement, both health and non-health (environment, education, poverty alleviation), for NCD prevention and control in India.
2. Addressing NCDs from the non-health or developmental perspective can provide novel strategies for prevention and reduction of risk exposure.
3. A strong civil society coalition like the Healthy India Alliance is an important step in the right direction. The Alliance should work in tandem with various stakeholders to operationalise the National Multisectoral Action Plan for NCD Prevention and Control.

The Alliance aims to enhance the role of CSOs in advancing the government's NCD prevention and control efforts at the national and sub-national levels.

III. Global Commitments to Action on NCDs

NCDs such as cancer, cardiovascular disease, chronic respiratory diseases and diabetes affect human health and development globally. At 40 million, NCDs account for 70% of all deaths globally (WHO). NCDs are primarily linked to common behavioural risk factors including tobacco use, alcohol use, unhealthy diets and physical inactivity. Rapid globalisation and urbanisation have triggered the epidemiologic, demographic and nutritional transition, which has escalated exposure to NCD risk factors, particularly among children, adolescents and young adults. Every year, 15 million people between ages 30 – 69 years die due to a NCD.

In a single decade, developing countries are expected to lose 84 billion dollars of productivity from the death and disability caused by NCDs. Risk factors of NCDs are also closely interlinked to poverty, low levels of education, poor diet, inequitable access to health services and gender disparity. Most of the premature NCD related deaths occur in Low-and-Middle Income Countries (LMICs), where out-of pocket expenditures to treat NCDs deepen the poverty cycle. NCDs have emerged as a major impediment to Agenda 2030 for Sustainable Development, which includes a target of reducing premature mortality from NCDs by one-third by 2030.

Given the diverse impact of NCDs on health and other facets of life, prevention and control of these diseases demands a cost-effective and multisectoral approach. Prevention and management of NCDs, including equitable access to healthcare, are essential in ensuring countries achieve sustainable means of growth and development.

The inclusion of NCDs in Agenda 2030 emerges from a legacy of WHO's strong leadership and a remarkable civil society movement demanding that NCDs are prioritised globally. The first UN High-level Meeting on NCDs in 2011 resulting in the UN Political Declaration on NCDs laid the foundation for NCDs to be addressed in a strategic and time-bound manner. The second UN High-level Meeting on NCDs in 2014 in its Outcome Document presented four time-bound commitments and 10 indicators for Member States to respond to the challenges of NCDs. Progress on the commitments will be reviewed at the third UN High-level Meeting on NCDs in 2018 along with deliberations on a concrete roadmap between 2018-2030.

In 2013, WHO developed a **Global Action Plan for the Prevention and Control of NCDs 2013 - 2020**, including nine global targets to '*reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development*'.

IV. Roadmap of Global Action on NCDs: 2000 – Present

Date	Policy / Communication	Key Outcomes
2000	Global strategy for prevention and control of NCDs	Reduce risk factors and increase access to healthcare
2003	WHO Framework Convention on Tobacco Control (FCTC)	Evidence-based measures to reduce supply and demand of tobacco
2004	Global strategy on diet, physical activity and health	Awareness of diet and physical activity on their impact on health
2008	WHO Action Plan for the global strategy for the Prevention and Control of NCDs	Surveillance of NCDs
2009	Global Strategy to Reduce Harmful Use of Alc	Awareness of negative impact of alcohol on health
2010	Global status report on noncommunicable diseases	First global assessment of burden of NCDs
2011	The first High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and resulting in the UN Political Declaration on NCDs	Multisectoral population interventions for NCDs
2013	Global Action Plan for the Prevention and Control of NCDs 2013-2020	Roadmap and action plan for reducing NCDs, including 9 global targets to reduce premature mortality due to NCDs
2014	The second High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases	Outcome Document outline four timebound commitments and 10 progress indicators for countries to achieve the 9 global targets
2015	Agenda 2030 on Sustainable Development	Inclusion of an NCD specific target and indicators in the SDGs

V. Status of National NCD Epidemic

The catastrophic burden of NCDs manifests in tremendous economic and developmental impediments. Given that India is a flourishing economy, industry-driven NCD risk factors such as tobacco use, alcohol use and unhealthy diet, are widely prevalent.

Over the past few years, the burden of disease in India has shifted from communicable disease to NCDs. 6.4 million NCD related deaths occur in India every year, which is 62% of all deaths. The probability of dying between ages 30 and 70 years from four major NCDs is 26%, which means that a 30-year old individual has a one-fourth chance of dying from these diseases before the age of 70 years (WHO). Cardiovascular diseases contribute to 44% of all NCD deaths followed by chronic respiratory disease (19%), cerebrovascular disease (13%), cancers (11%) and diabetes (5%).

Tobacco use has been identified as single largest risk factor attributable to NCDs. The prevalence of tobacco use among the young population aged 15-24 has reduced from 18.4% [Global Adult Tobacco Survey (GATS)-I] to 12.4% in GATS-2, which is a 33% relative reduction (MoHFW, WHO and TISS 2017). Even though the prevalence of tobacco use among adults in India has seen a decrease from 34.6% during GATS-I (2009-10) to 28.6% during GATS-2 (2016-17), tobacco use continues to among the lethal NCD risk factors.

The per capita consumption of pure alcohol (age +15) in India is estimated to be 5.2 litres per year. In 2010, the corresponding figure was 4.3 litres per year, which was significantly higher than the average consumption in the SEAR. (3.2 litres per year). More than two-third of the adolescents aged 11-17 years are physically inactive India. The level of physical inactivity among adults is around a staggering 54% (Anjana et al, 2014)

The prevalence of obesity and overweight is also showing a rapid increase in trends. Age standardised prevalence of obesity (BMI \geq 30) has increased by 22% in the span of four years (2010-2014) and every fourth individual in India aged above 18 years has raised blood pressure (hypertension) and the prevalence has increased by 10% from 2010-2014. India had 69.2 million people living with diabetes (8.7%) as per the 2015 data. Of these, it remained undiagnosed in more than 36 million people. India stands to lose \$4.58 trillion before 2030 due to NCDs and mental health conditions (World Economic Forum and Harvard University 2014)

VI. The National NCD Response

(Findings based on the benchmarking tool adapted from the NCD Alliance)

The Exercise: The Healthy India Alliance commissioned a benchmarking exercise adapted from the NCD Alliance to understand and evaluate India's response to NCDs, from a civil society perspective. The exercise identifies areas of further action and current efforts in the area of NCDs. It seeks to establish an evidence-based platform for civil society to monitor progress on NCD prevention and control and foster a 'whole-of-society' approach to the issue.

Approach: The exercise was based on the NCD Alliance benchmarking tool, which draws from the six objectives of the WHO Global NCD Action Plan 2013-2020 including raising priority of NCDs through international cooperation and advocacy; strengthening national capacity, multisectoral action, and partnerships for NCDs; reduce NCD risk factors and social determinants; strengthen and reorient health systems to address NCDs; promote national capacity for research and development on NCDs; and monitor and evaluate progress on NCDs.

Methodology: The benchmarking survey used qualitative methods including interviews with key stakeholders (WHO officials and civil society representatives) who commented on the current status on NCD action in India. The exercise was an iterative process, which points to the evolving nature of NCD policies and programmes in India, the progressive role of civil society and priorities identified in strengthening these efforts. The tool was used to steer discussions with selected stakeholders who were provided the options to respond to a brief set of questions or participate in a semi-structured interview. The stakeholders included civil society representatives, health professionals, youth advocates and WHO officials. Additionally, an analysis of Parliamentary questions related to NCDs and a desk-based literature review were also conducted to strengthen interpretation of the findings.



Photo credit: Cancer Foundation of India



The Findings

1. Raise priority of NCDs through international cooperation and advocacy

Health as a subject is included in India's State list, to be addressed by each state government based on its local context with budgetary allocations from the Union and State Governments. In addition, the Union Government undertakes Centrally Sponsored Schemes (CSS) such as the National Health Mission, which are implemented by State Governments with funding from the Union Government. The Indian Government began efforts to control NCDs from the early 1970s with support to state sponsored vertical programmes. The first national programme for cancer was started in 1975 and a programme on mental health, in 1982. The role of state governments in NCD prevention and control as well as in contributing to India's response to the Sustainable Development Goals (SDGs) is critical. Although central policies strengthen the country's health policy framework, state level policy and programme interventions can ensure benefits at the grassroots level. One civil society respondent highlighted that some states in India have surpassed the Union Government's mandate with respect to their NCD prevention and control efforts. For example, in 2014-15, five medical institutions in Punjab with support from the Government of Punjab undertook the WHO STEPS survey for assessing NCD risk factors and generating state-level data for evidence-based public health interventions. The results led to the adoption of cardiovascular disease risk assessment and management under the NCD control programme of the state (Thakur et al, 2016). Another respondent, commenting on the role of civil society in strengthening state level advocacy efforts said, *"The Healthy India Alliance must map all State Planning Boards, NHMs, Chief Ministers' Office and other departments which have initiatives for NCD control."*

India's 11th Five Year Plan (the country's flagship development plan from 2007-2012) witnessed considerable focus on prevention and control of NCDs. The Government's focus on NCDs coincided with a burgeoning civil society movement on NCDs related issues, particularly tobacco control. Under the 11th Plan, programmes on CVDs, diabetes, stroke, tobacco control, deafness, trauma, burns, fluorosis and geriatric problems were included (Srivastava and Bachani, 2012). At the beginning of the 12th Plan – priorities identified for NCD programmes included health promotion activities to reduce the burden of NCDs and exposure to risk factors; flexibility for states to implement programmes based on the local context, convergence and integration between interventions and cross-cutting components (health promotion, screening, referrals, monitoring and evaluation etc.). The clinical focus of earlier programmes led to the growth of private healthcare, which was beyond the reach of poorer sections of society. During the phase, the global as well as national discourse moved towards the importance of multisectoral action for NCDs.

India's development planning process underwent a major transition with the post-Independence Five Year Plan model being replaced in 2015 by the more long-term 15-year and outcome oriented plans. The new agency responsible for determining India's development agenda (the NITI AAYOG) is expected to reshape India's plans for achieving better health, in line with the global development agenda. The NITI AAYOG is responsible for coordinating India's efforts towards the SDGs adopted by the Member States of the United Nations in September 2015. The NITI AAYOG will periodically collect data on the status of SDGs in India and the Ministry of Statistics and Programme Implementation (MoSPI) has undertaken an exercise of developing indicators reflecting the SDG goals and targets in consultation with relevant Ministries. As per a draft mapping document developed in 2016, relevant Ministries identified for the NCD-related target in the SDGs, on reducing premature mortality from NCDs by one-third (3.4) include Health and Family Welfare, Ayush, Women and Child Development, Tribal Affairs. For target 3.5, which includes strengthening of prevention and treatment of substance abuse, including harmful use of

alcohol, the identified Ministries include Health and Family Welfare, Ayush and Home Affairs. For target 3.a on implementation of the Framework Convention on Tobacco Control, the Ministry of Health and Family Welfare and Ayush have been identified as the nodal Ministries. While this is an important step in the direction of coordinated action, there is significant scope for civil society to advocate for greater and more diverse inter-ministerial coordination for the prevention and control of NCDs.

India's latest National Health Policy approved in 2017, which replaces the earlier 2002 policy with limited focus on NCDs, recognises the growing burden of NCDs and recommends the establishment of a National Institute of Chronic Diseases to generate evidence for cost-effective interventions and highlight best practices for NCDs. The policy highlights the importance of integrating screening of NCDs (cancers, COPD, hypertension and diabetes) into the primary healthcare network with links to specialist consultations and follow up at the primary level. The policy also calls for early detection of NCDs predominant in urban areas under the National Urban Health Mission. The national policy presents a new advocacy opportunity for civil society to ensure adequate financing is allocated and utilized at the Union and State Government levels for these activities.

2. **Strengthen national capacity, multisectoral action, and partnerships for NCDs**

In 2011, the Government launched the National Programme on Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS), adopting strategies like prevention through behaviour change, early diagnosis, treatment, capacity building for human resource and surveillance and monitoring and evaluation. NPCDCS also focuses on establishing and developing capacity for palliative and rehabilitative care. NCD Cells have been established at all levels (state, district etc.) to implement NPCDCS. Civil society representatives responding to the study have observed the need for greater involvement of civil society in treatment and palliative care of NCDs and found civil society led health promotion efforts to be *'too sporadic'*.

In 2013, India became the first country globally to adapt the Global Monitoring Framework on NCDs and develop specific national targets and indicators aimed at reducing the premature deaths from NCDs by 25% by 2025. India is the only country to include a 10th target, in addition to the 9 global targets to combat indoor air pollution. A National Multisectoral Action Plan outlining actions by various sectors in addition to the health sector has also been released to accelerate efforts for NCD prevention and control, through government partnerships with non-government agencies. The Multisectoral Action Plan briefly envisages the broad role that civil society can play in context of the overall NCD control movement. However, there is a need for concrete action-oriented guidelines for CSO engagement within the realm of the Action Plan. Civil society actors like the Healthy India Alliance can advocate for adoption of concrete guidelines for CSO engagement in NCD related efforts at both the Union and State Government levels. One of the respondents opined *"Having a framework for action and guidelines for engaging with government and other partners, can help CSOs increase their activities on NCDs. This will also mean CSOs should make sure that the action does not remain confined to metros and cities but grassroots level CSOs are equally equipped with knowledge and resources."*

The focus on multi-stakeholder engagement expands the scope of actively involving important stakeholders like People Living With NCDs (PLWNCDs) and youth who can strengthen the civil society movement. One respondent observed, *"Patients are very important stakeholders. The health system must educate patients with information packages and civil society can help to develop these health promotion materials."* Coalitions like the Indian Alliance of Patient Groups (IAPG), which brings together groups working on NCDs, seeks to provide a platform to voice the interests of patients and engage them in policy discussions. A youth respondent observed, *"Pushing the*

NCD agenda by leveraging vulnerable populations such as youth in this policy-making process and not just seeing them as targets of the policies/programmes on NCDs” is an important role civil society can play in promoting NCD related action.

3. Reduce NCD risk factors and social determinants

Tobacco Control in India

The Parliament of India enacted a comprehensive tobacco control legislation i.e. the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA) in 2003. India also ratified the World Health Organization Framework Convention on Tobacco Control (FCTC) in 2004. In the following years, the Government issued several notifications to implement COTPA, established a Steering Committee to take cognizance of tobacco advertisements and in 2007 launched the National Tobacco Control Programme (NTCP) to complement the law. COTPA prohibits smoking in public places (Section 4), prohibits tobacco advertising, promotions and sponsorships (Section 5), prohibits sale to and by persons below 18 years of age (Section 6a) and within 100 yards of all education institutions (Section 6b) and mandates the display of pictorial health warnings (Section 7).

India has recorded a number of firsts by banning smokeless tobacco/gutka in all States and Union Territories of India, regulating tobacco imagery in films and television programmes and adopting a national voluntary target of 30% relative reduction in tobacco use by 2025 (based on WHO's Global NCD Monitoring Framework). India's most recent achievement has been implementing 85% pack warnings on both sides of tobacco product packages, implemented from April 2016.

Although there is progress, India is yet to achieve full implementation of the WHO FCTC since enforcement of tobacco control laws is a major challenge at the national and sub-national levels and awareness about the multiple health and socio-economic consequences of tobacco use is low. The dynamic nature of tobacco control in India demands a comprehensive, multi-pronged approach involving various stakeholders. In 2015, a draft of the Cigarettes and Other Tobacco Products Act (COTPA) Amendment Bill was released for public review but a policy decision is awaited. Tobacco control has been an important start point for civil society-led NCD engagement. According to a respondent from WHO, *“India's strong tobacco control policy framework created a certain energy for the movement. The availability of resources and funding opportunities from the UN in the early 2000s generated interest of civil society players to focus on tobacco. The role of doctors, formation of coalitions like the Advocacy Forum for Tobacco Control, involvement of celebrity role models, have all been key factors in the success of India's tobacco control movement.”*

Alcohol Regulations in India

When India became the first country to adopt the global NCD targets to the national context, it stepped beyond the global targets by committing to reducing alcohol use by 10% in 2025 and not just harmful use of alcohol. In India, while alcohol policies may vary from one State to another, most of them follow similar alcohol control measures, which include:

- Restrictions on advertisements, promotion and sponsorship of alcoholic drinks
- Ban on drinking in public places
- Restrictions on opening of liquor shops at certain places
- Regulating density of alcohol outlets in a particular district/state
- Regulating availability through restrictions on time and place of sales
- Declaring dry days

- Prescribing minimum legal drinking age
- Printing health warning on alcohol bottles
- Levy of excise duty on alcohol

However, it is imperative that a comprehensive central policy and legislation on alcohol control is developed to guide concerted efforts in India and ensure robust implementation at the national and sub-national levels.

Apart from tobacco control, other NCD risk factors have received limited policy and civil society response. Most respondents agreed that policies on unhealthy diets and physical activity are lacking and must gather pace. With growing evidence of overweight and obesity as contributors to modifiable NCD risk factors, there is great emphasis from civil society to shift India's linear focus on undernutrition towards other aspects of NCDs (Khandelwal and Reddy 2013). Multisectoral action has also been recognised as a key approach in reducing exposure to risk factors with one respondent stating that, *"There is a need for involving sectors other than health which is most crucial for control of risk factors."*

4. **Strengthen and reorient health systems to include and address NCDs**

There are a number of programmes on NCDs in India including the NPCDCS and NTCP. Most of the respondents and literature point to the need for integration with other public health services as well as have programmes that cover all NCDs. Critical aspects for strengthening implementation of NCD programmes include integration of primary health care with central programmes like the National Health Mission, strengthening district-level services for diagnosis, rehabilitation and palliative care, tertiary care for management of serious cases, rapid referrals in case of emergencies and health promotion interventions. Involvement of private sector, in the presence of regulatory mechanisms, has also emerged as a recommendation to reduce the Government's burden in ensuring that programmes reach the community level.

Some respondents opined that civil society could play an important role in creating private sector and donor interest NCD prevention and control efforts through resource mobilisation and Corporate Social Responsibility programmes. At the same time, civil society must be cautious of conflict of interest concerns, given that tobacco; alcohol and food and beverage industries are established vectors for NCDs.

Another important aspect of health system strengthening is establishing Universal Health Coverage (UHC) to offer quality healthcare, free medicines and diagnostics in public hospitals. There has been significant civil society and media discourse around introducing, in India and there is scope of accelerated action in view of the new National Health Policy of 2017, which aims to reduce out of pocket expenditures and offer essential medicines and diagnostics free of cost in public hospitals.

5. **Promote national capacity for research and development on NCDs**

The Indian Council of Medical Research (ICMR) has been identified as the nodal agency for research and surveillance of NCDs and conducts population-based and epidemiological research studies. Building NCD-related research and surveillance capacity is also an objective of NPCDCS. However, funding for NCDs in India remains considerably less in comparison to programmes on communicable diseases like HIV/AIDS and tuberculosis. Although domains of research prioritisation in NCDs have been identified by ICMR to include determining the burden and

epidemiology (to monitor trends of NCD morbidity, mortality and risk factors, longitudinal assessments of social determinants, cost effective strategies for early diagnosis and screening etc.), interventions on risk reduction, health system strengthening and reorientation, healthcare financing and NCD surveillance among others (Mathur and Shah, 2011). Despite this strategic direction, implementation of research plans remains weak and one civil society respondent highlights the need for setting up a 'NCD Research Fund' for more focus on NCD research.

6. Monitor and evaluate progress on NCDs

In 2015-16, ICMR announced that it would undertake a national level survey for monitoring the national NCD targets to generate country level estimates of key NCD indicators and support the creation of central and regional resource pools to conduct similar surveys at the state level. Results from the surveys are awaited. Most respondents on this study highlighted that strong mechanisms for monitoring and evaluation of NCD policies and programmes must be a government priority.

VII. Roadmap of Key NCD Action at the National-level

Date	Policy / Communication	Key Attributes
2003	India enforced the Cigarettes and Other Tobacco Products Act (COTPA)	Prohibition of smoking in public places and indoor workplaces, ban on tobacco advertising and promotion and sale within 100 yards of educational institutions
2004	Ratified WHO FCTC	One of the first countries to ratify the Treaty
2007	The National Tobacco Control Programme (NTCP)	Increase awareness about harmful effects of tobacco use
2010	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	Included in the National Health Mission to ensure integration/convergence with other public health programmes at district and community levels
2011	New Delhi Call for Action to Combat NCDs	Identified the key areas of concern to advance NCD efforts in the Country.
2013	National NCD Monitoring Framework	Developed specific national targets and indicators aimed at reducing the number of global premature deaths from NCDs by 25% by 2015.
2013	Sub-national Consultation for National Action Plan	Defined the targets and indicators in alignment with the global and WHO South-East Asia Regional monitoring framework for the prevention and control of NCDs.
2014	National Consultation for Multisectoral Action Plan	Developed a National Multisectoral Action Plan for prevention and control of noncommunicable diseases (NCDs).
2014	Joint Mission of UN Interagency Task Force – India	A joint mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases (NCDs) visited India to enhance the support of UN agencies to the Government of India to scale up the National Multisectoral Response to NCDs.
2016	National Multisectoral Action Plan for Prevention and Control of NCDs	National Conference on NCDs Promote civil society engagement to meet the NCD targets
2016	The first National Civil Society Consultation on Prevention and Control of NCDs in India	Organised by the Healthy India Alliance in partnership with MoHFW and WHO to enhance civil society engagement in India's response to NCDs



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VIII. Parliamentarian mapping

In addition to the benchmarking exercise, an analysis of the questions raised by Parliamentarians was undertaken (2014 Monsoon Session to 2015 Winter Session of the Parliament) to gauge topic of interests and discussions with respect to NCDs. The issues that were not adequately represented through questions were also identified. Building on this exercise, policy makers can be engaged in a dialogue to take policy decisions to prevent and control NCDs.

Broad Themes	Topic of interest to parliamentarians	No. of questions raised
Food	Food Testing and Quality: FSSAI	6
	Ban on Junk food	4
	Sale of Maggi	4
	Nutrition	3
	Processed food	6
Air	Air Pollution and related respiratory diseases	47
Liquor/Alcohol	Death due to trade in illicit liquor	4
	Alcohol abuse	11
Tobacco	Tobacco menace	6
Cancer	Cancer and cancer treatment	10
Diabetes/Cancer	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	1
Total		102

IX. Issues not adequately represented through Parliamentary Questions and Debates

Sweetened and aerated beverages
Advertisement of sweetened beverages and packaged food by celebrities
Growing chains and international brands of Food High in Fat, Salt and Sugar (FHFSS)
Physical activity: emphasis on more number of parks, government sponsored gyms sports stadiums etc.
Cardiovascular diseases or heart ailments
De-addiction centres
Surrogate advertisements of tobacco and alcohol brands by celebrities
Factors (food type/ ingredients) causing Diabetes
Implementation of National Tobacco Control Programme

X. Role of Key Government Ministries

A multisectoral coordination mechanism under the Ministry of Health & Family Welfare that brings together all relevant Ministries and civil society is critical to advance synergistic action on prevention and control of NCDs and has been proposed under the recent Multisectoral Action Plan for 2015-2022. This will help to curbs the epidemic and contributes to the nation's development. A similar mechanism at the state level should also be considered. The following table outlines key roles, inferred from our analysis, which respective Ministries could play in the prevention and control of NCDs:

Ministry of Earth Sciences	Keep a check on Air quality, control pollution and emission of toxic elements
Ministry of Food Processing Industries	Regulation of the FSSAI, quality of processed food, regulation of Food High in Fat, Salt, Sugar (FHFSS)
Ministry of Agriculture and Farmers Welfare	Quality of testing of crops like foodgrains, vegetables and fruits.
Ministry of Consumer Affairs, Food and Public Distribution	Food security, regulate allocation of foodgrains to the breweries for production of alcohol/wine.
Ministry of Women and Child Development	Regulate irregularities in distribution of food, nutrition for women and children
Ministry of Health and Family Welfare	Regulate excessive use of preservatives in food and beverages, use of ajinomoto in food items strict compliance of the laws/regulations including labeling laws. Check reasons for rise in cancer, diagnosis and treatment. Stop distribution of adulterated and spurious food material. Conduct study to find out health effect of junk food and ban junk food in school canteens and guidelines to make nutritious, safety and hygiene food items available. Keep a tab over the status of implementation of the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). Survey to find out number of tobacco users, find out the deaths and other health risks attributable to tobacco consumption, take measures to open tobacco de-addiction centres, spread awareness against tobacco.
Ministry of Home Affairs	Steps to stop illegal trade in spurious and illicit liquor
Ministry of Environment, Forests and Climate Change	Regulate emission of carbon dioxide and other gases from coal based thermal plants, check air quality, mitigate other pollution problems
Ministry of Social Justice and Empowerment	Policy to curb Alcoholism and Drug Abuse, funds allocated and steps taken to reduce the same
Ministry of Heavy Industries and Public Enterprises	Check the emission level of cars and other heavy vehicles
Ministry of Finance	Policy imposing goods and service tax on alcohol and products
Ministry of Human Resource Development	Prohibit sale of junk in school canteens
Ministry of Commerce and Industry	Set benchmarks on food quality
Ministry of Chemicals and Fertilizers	Regulate quality of fertilizers causing cancer
Ministry of Information and Broadcasting	Regulate surrogate ads of tobacco and alcohol brands

XI. Wins and Challenges

Wins

- Given that NCDs are spreading rapidly amongst the poorest of the poor section of the society, the movement has garnered strong public and media support. This support has been instrumental in promoting healthy lifestyle amongst the citizens resulting in a reduction in risk factor prevalence as in the case of tobacco use
- India's adoption of voluntary national targets to reduce the burden of NCDs offers an important opportunity for civil society to partner with the Government for supporting effective implementing policies and programmes, to achieve these targets
- Civil society has begun to augment the Government's efforts at the national as well as sub-national levels, in an effort to build a strong movement in every corner of the country

Challenges

- Detection of large undiagnosed chronic diseases (diabetes, hypertension and common cancers)
- Lack of strong early diagnosis and treatment mechanisms to reduce NCD related complications and improve health outcomes
- High out-of-pocket expenditure for the poor due to the limited availability of free/subsidized treatment and use of generic medicines
- Lack of human resource capacity for Chronic Disease Management with emphasis on follow-up for compliance
- Inadequate facilities for timely referral and management of emergency cases (MI, Stroke)
- Inadequate funding for research on NCD priorities
- Limited parliamentary discussions on NCD related issues through strategic decision maker advocacy
- Although the MoHFW's National Multisectoral Action Plan for the prevention and control of NCDs highlights the urgent need for a multisectoral coordination to achieve the NCD targets, the role of CSOs has not been clearly defined. It therefore becomes important to clearly identify the areas where CSOs can collaborate and contribute
- Policy and programme focus on limited NCDs and risk factors instead of an integrated approach covering a wide range of NCDs and all risk factors

XII. Call to Action

Without focus on the multi-dimensional impact of NCDs and a multisectoral response to prevention and control of NCDs, the health and development of our nation will be undermined. G1

We, as civil society call for,

1. National coordinating and implementing mechanisms for the prevention and control of NCDs to be established urgently

The Ministry of Health and Family Welfare, Government of India's Multisectoral Action Plan must outline the multi-tier implementation mechanisms proposed at the national and sub-national levels for the prevention and control of NCDs and its risk factors.

2. Greater action-oriented and multisectoral engagement in advancing NCD prevention and control strategies in India: need for comprehensive guidelines

There is a pressing need for meaningful and concrete civil society engagement: health and non-health, including key stakeholders like PLWNCDS and youth, for NCD prevention and control in India. This should include equal participation from the health and non-health civil society groups. A concrete set of guidelines for engagement including a communication and consultation mechanism to inform, involve and seek feedback on initiatives and policy proposals is imperative.

3. Meeting international standards, best practices and evidence-based approaches to prevention, management and control of NCDs

Prevention and treatment of NCDs must be coordinated and managed at a national level with regular updates according to international norms and best practices, particular in research and surveillance. Implementing evidence-based yet context-specific NCD standards, guidelines and processes is critical to achieve successes in NCD prevention and control.

4. NCD related health services to be integrated under Universal Health Coverage

With the adoption of the National Health Policy in 2017, access to quality and free healthcare in public institutions can become a reality. To reduce high out-of-pocket spending, early deadlines should be set for essential medicines and diagnostic tests to be available at low or no cost for everyone.

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XIV. List of key informant interviewees

1. Dr. Sadhana Bhagwat, National Professional Officer (NCDs), World Health Organization Country Office for India
2. Ms. Vineet Munish Gill, National Professional Officer (TFI), World Health Organization Country Office for India
3. Dr. V. Mohan, Chairman & Chief Diabetologist, Dr. Mohan's Diabetes Specialities Centre
4. Mr. Pranay Lal, Technical Advisor, International Union Against Tuberculosis and Lung Disease (The Union)
5. Dr. Anand Krishnan, Professor, Centre for Community Medicine, All India Institute of Medical Sciences
6. Dr. Ishu Kataria, Public Health Researcher, RTI International (India)



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XV. Benchmarking tool

1. Raise priority of NCDs through international cooperation and advocacy		
1.1	Inclusion of NCDs in current national development plan	Yes
	If yes to 1.1, does the national development plan include a goal or target on NCDs?	Yes
1.2	If no to 1.1, are NCDs included in sub-national development plans?	
	If no to 1.1, are NCDs included in the national health sector plan?	
	(If a high-income donor country, use this indicator) Inclusion of NCDs in Official Development Assistance	
	(If LMIC use this indicator) Government inclusion of NCDs in UN Development Assistance Frameworks (UNDAFs)	No
1.3	Operational national NCD alliance/coalition/network of NGOs that engages People Living with NCDs (PLWNCDs)	Yes
1.4	Government-led, supported, or endorsed national NCD conference/summit/meeting held in the last 2 years with active participation of NGOs	Yes
1.5	Government-led or endorsed public media campaign on NCD awareness and/or NCD prevention, partnering with NGOs and held in the last 2 years	Yes

2. Strengthen national capacity, multisectoral action, and partnerships for NCDs		
2.1	Operational National NCD Plan (number of key elements outlined below): If score less than 4, please refer to 2.2	3/4
	National NCD Plan with a 'whole of government' approach, i.e. with areas for action beyond health sector	Yes
	Functional national multisectoral stakeholder NCD commission/mechanism (incl. NGOs, People Living with NCDs, and relevant private sector)	No
	National budgetary allocation for NCDs (treatment, prevention → health promotion, surveillance, monitoring/evaluation, human resources)	Yes
	NGOs and PLWNCDs engaged in National NCD Plan development	
2.2	Number of subnational jurisdictions (state, district, etc.) with an operational NCD plan that meets the full criteria outlined above	--
2.3	Number of operational NCD public-private partnerships supporting elements of National NCD Plan	0
2.4	National government partnerships with NGOs on NCD initiatives	Yes
	If yes, describe the nature of the partnership and the initiative focus	Yes, but these partnerships are sporadic and restricted to some areas of NCDS

3. Reduce NCD risk factors and social determinants		
3.1	Number of tobacco MPOWER policies / interventions in existence	5/6
	Existence of recent nationally representative information on youth and adult tobacco use prevalence	Yes
	National Legislation banning smoking in health-care and educational facilities, and in all indoor public places, including workplaces, restaurants, and bars	Yes
	Existence of national guidelines for the treatment of tobacco dependence	Yes
	Legislation mandating visible and clear health warnings covering at least half of principal pack areas	Yes
	Legislation banning tobacco advertising, promotion, and sponsorship OR legislation comprehensively banning all forms of direct tobacco marketing, covering all forms of media and advertising	Yes
	Tobacco taxation policy of between 2/3 and 3/4 of retail price	No
3.2	National strategies on the major NCD risk factors (out of total listed below)	
	Tobacco	Yes
	Harmful use of alcohol	No
	Unhealthy diet	No
	Physical inactivity	No
	Air pollution	No
3.3	Increased taxes on alcohol in last 5 years	Yes
3.4	National policies and regulatory controls on marketing to children of foods high in fats, trans fatty acids, added sugars, or salts	No
3.5	National action on salt reduction	No
	National policies/regulatory controls on salt reduction	No
	Number of voluntary private sector commitments/pledges to salt reduction	0
3.6	Physical education in schools with resources and incentives	Yes

4. Strengthen and reorient health systems to include and address NCDs		
4.1	Government initiatives strengthening the capacity of primary health care for NCDs (out of total listed below):	5/5
	Cancer – number of evidence based guidelines for the cancers prioritised in National Cancer Plan	Yes
	Cardiovascular disease	Yes
	Chronic respiratory diseases	Yes
	Diabetes	Yes
	Mental Health	Yes
4.2	Government initiatives strengthening the capacity of primary health care for NCDs:	5/6
	NCD health promotion and prevention	Yes
	Screening and early detection	Yes
	Treatment and referral	Yes
	Rehabilitation and palliative care	Yes
4.3	Number of NCD medicines included in the country essential medicines list (EML) made available at low cost to patients with limited resources	--
4.4	National EML list updated since last time WHO updated EML list? If yes, are NCD medicines included in the update?	Yes
4.5	NCD-related services and treatments are covered by health insurance system	No
4.6	Operational NCD surveillance system (number of elements below):	0/2
	Cause-specific mortality related to NCDs included in national health reporting system	No
	Population-based NCD mortality data and population-based morbidity data included in national health reporting system	No

5. Promote national capacity for research and development on NCDs		
5.1	National research agenda for NCDs	Yes
5.2	Government funded support for national research on NCDs	No
5.3	Convening of experts (civil society, academia, government, relevant private sector, etc.) at least once every two years	Not yet

6. Monitor and evaluate progress on NCDs		
6.1	National NCD targets/indicators with monitoring mechanisms in place	Yes



HEALTHY INDIA ALLIANCE
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