Towards Health and Wellbeing

Section-I

HEALTH PROMOTION

VOLUNTARY HEALTH ASSOCIATION OF INDIA
SECTION I- HEALTH PROMOTION

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KEY FACTS:

Global Picture:
- Non-communicable diseases have emerged as a leading cause of mortality and morbidity worldwide.
- It is the result of complex interaction between health, economic growth & development and lifestyle changes.
- Noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally.
- Each year, more than 15 million people die from a NCD between the ages of 30 and 69 years; 85% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million). These four groups of diseases account for over 80% of all premature NCD deaths.

Indian Scenario:
- According to WHO (2016), non-communicable diseases accounts currently the leading cause of deaths and disability in India:
  - 63% of all the deaths are due to NCDs
  - 23% - At the risk of dying prematurely due to NCDs.
  - Cancer, diabetes and heart diseases alone account for 55% of the premature mortality in India in the age group of 30-69 years.
  - Four risk factors responsible are tobacco, unhealthy diet, physical inactivity and harmful use of alcohol.
  - Major metabolic risk factors are obesity, and raised blood pressure, blood glucose and blood cholesterol levels, the report says.
- NCD is not about 3Ds - Disease, Doctor & Drug, it is much beyond that.
- Health promotion and Self-care are cost effective strategies to bring down the burden of NCDs and other diseases.
Figure 1: Contribution of major disease groups to total DALYs in India, 1990 and 2016

Figure 2: Percentage contributions of diseases in India- 2016

Figure 3: Determinants of NCDs
Why Prevention?

Cost of Treatment versus Cost of Prevention

“An ounce of prevention is worth a pound of cure.”

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

I: Cost of treatment of diabetes:

Number of people with diabetes:

<table>
<thead>
<tr>
<th>2013</th>
<th>2030</th>
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<tr>
<td>65 million with diabetes</td>
<td>110 million with diabetes</td>
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<tr>
<td>70 million with pre diabetes</td>
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Average Indian annual income – Rs. 74,920 per year
Average cost of diabetes treatment – Rs. 25,00 per month
This represents 40% of the income of an average Indian.

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

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

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

Price Paid for Treatment of Disease and its complication is Huge
Defining the Price Paid:

Loss of Human Life or Quality of Life: The consequences of inadequate emphasis on health promotion/disease prevention are first measured in human terms: the price paid in terms of greater illness (e.g., morbidity, incidence and prevalence of disease, impaired functional status/quality of life) and premature mortality (e.g., deaths before age 65, diminished life expectancy, healthy years of life lost).

Lost Productivity and Other Economic Losses: As mentioned above, health effects carry obvious economic implications. The price paid for inadequate emphasis on prevention includes the costs of excess medical care for avertable diseases and complications, as well as the deleterious economic effects of illness on a healthy workforce, work competitiveness, children's education, mental health, and community well-being.

Underusing High-Value Prevention: By making too little use of the forms of prevention that offer high economic value—greater health benefits per dollar—the opportunity to do more with the same resources, and to save more lives in the process, is also forfeited.

Shifting the Focus from Cost Savings to High Value: Channelling resources toward health services that optimize economic value can save more lives for the same dollar, and failing to do so has measurable human and monetary consequences.
Concept of Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health.

Health promotion focuses on

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

Importance of Health Promotion

The purpose of health promotion is to improve the health behaviour of individuals and communities and making positive changes in the living & working conditions that affect their health.

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

Health promotion differs from Disease prevention

Health promotion may be seen as a broader concept supporting the achievement of wellbeing and happiness. In turn, disease prevention aims to avoid or eliminate diseases. Health Promotion does not need to involve disease prevention, but disease prevention cannot be achieved without health promotion.

Health promotion may be perceived as being aligned with positive definitions of health extending beyond the absence of disease.
Health Promotion and Healthy Lifestyle

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

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

Healthy lifestyle is associated with:

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

Health promotion is thus about eating healthy food, avoiding unhealthy food, and to ensure positive social environmental and occupational conditions so that where one lives and works plays a major role towards health and wellbeing of an individual. However, when giving people advice about health promotion, you must understand their current lifestyles and be sensitive to their specific needs.

For example: Asking a construction worker to exercise daily for 30 minutes is not good advice as she/he is already engaged in active physical work throughout the day. Ensuring a safe working environment, preventing workplace related accidents, safe drinking water and sanitation should be a priority for their health and wellbeing.

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

For example: Recommending expensive dietary options to those who cannot afford to have even one full meal a day is being insensitive to the realities of poor people’s lives. However, encouraging people to consume traditional foods that are locally available would meet their nutritional needs without imposing high costs.
Future Role of Voluntary Health Association of India

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

VHAI has done a substantial amount of work in the areas of communicable diseases, community health and mother & child health. On NCD related issues, VHAI has done pioneering work on Tobacco Control & School Health as well as piloted community based interventions on NCDs prevention and control. However VHAI along with State VHAs are yet to initiate systematic, comprehensive, sustainable programmes following health promotion linked roadmap at large scale throughout the country. Since VHAI, its state chapters and 4,000 member organizations have sufficient knowledge, understanding and experience in implementation of health projects, this should not be a difficult transition. It is also to be kept in mind that rich knowledge and experience in health promotion already exists in many parts of the world from which we can gain substantially without reinventing the wheel.

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

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

Core principles:

- Active community engagement is the cardinal principle of our approach
- Our prime focus will be on promotion, prevention, screening, early diagnosis and treatment
- Strong persistent advocacy to promote government initiatives on NCDs
- Campaigning against misleading unhealthy products
- Utilization of existing active youth forums such as NSS, NCC, Nehru Yuva Kendra, other student associations or clubs to ensure significant outreach of the programme.
- Developing a strategy based on the local needs as well as strengthening of the community following salutogenic approach taking into account differing social, cultural and economic systems.
- Ensuring sustainability of the programme in terms of financial as well as human resources.
- Building an effective partnership at International, National as well as State level for collective and coordinated response to NCDs
- Responding to health inequalities and gaps that exist within and between societies
- Utilization of digital media as an important communication tool
- Learning from global experiences
- Action based research
- Documenting innovations & best practices.
- No replication/duplication
Our Approach to Health Promotion

I. Awareness of General Public on NCDs and Health Promotion

II. Health Promotion in School & Colleges

III. Tackling the issues of road traffic accidents/injuries

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

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

VI. Promotion of Sports and Active Living

VII. Communication Strategy for NCDs and Health Promotion

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

IX. Health promotion in work settings

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

Our Role in Health Promotion

I. Awareness of General Public on NCDs and Health Promotion

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

Our Agenda

1. Sensitizing, educating and empowering general public about their health and wellbeing
2. Motivating them to adopt healthy lifestyle and food habits through behavior change and communication
3. Helping them to develop health responsible behaviour
II. Health Promotion in School & Colleges:

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

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

Our Methodology for building Health promoting schools

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

III. Tackling the issues of road traffic accidents/injuries

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

Our Agenda

1. Awareness among the general population with special focus on high-risk age groups (15-35 years) about road safety.
2. Advocacy to strengthen strict road safety law and also to ensure its proper implementation and strict enforcement of laws.
3. Media campaigning
IV. Advocacy to Combat the Growing Problem of Health Destroying Products

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

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

Our Agenda

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

2. Strong persistent advocacy to encourage the government to:
   - Pass legislation/regulation, which promotes healthy choices and addresses sales, marketing of unhealthy food especially to children.
   - Increase tax on unhealthy food products
   - Provide subsidy on healthy foods like fruits/vegetables
   - Decrease tax on healthy products like cycles, exercise products

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

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

Indian households possess knowledge of at least a 100 herbal remedies, non-drug health practices and food and nutrition. Indian homes have the competence to manage common ailments, preventive health practices and healthy ethnic diets. India still has one million community supported traditional health workers viz. mid wives, herbalists, bonesetters and vishavaidyas.
Skewed funding and poor integration denies the public of the advantage of synergy arising out of the richness of India’s medical heritage.

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

**Our Agenda**

1. Restoring and capacity building of traditional health practitioners, folk healers
2. Motivating a new generation of folk healers to replace the older and ageing current generation.
3. Assisting households in retrieving their own knowledge of preventive health practices.
4. Documenting local practices and formulations.

**VI. Promotion of Sports and Active Living**

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

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

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

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

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

VII. Communication Strategy for NCDs and Health Promotion

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

In India, VHAI is one of the important platforms for developing and creating health communication materials such as Where There is no Doctor (Million copies sold), Health Promotion in India, Self-Care for Health etc. Traditional media such as theatre, street plays, folk dances etc. were successfully utilized as an important awareness technique. “Films for Change” -Film unit of VHAI: VHAI has developed films and tele serials on various health and social issues. Teleserials- Sheila, Kasba, Telefilms- Anant on HIV/AIDS, Distant Thunder were produced in collaboration with Government of India telecast by Doordarshan in many regional languages. VHAI has produced Films for WHO for their global conferences- Paths are made by walking and Health in all Policies.

Our Agenda

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

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

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

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

Health workforce is the kingpin in raising general health awareness of people. They should be oriented to provide promotive and preventive health services along with curative treatment.
There are 8,70,000 ASHA workers, who are working at the community level on various health issues, not substantially on NCDs. There is a need to strengthen the capacities of the health workforce such as ASHAs, ANMs, Medical officers, Counsellors to address NCD risk factors

Our Agenda:

Orientation and training of Community health workers, strengthening of Health and Wellness Centers, Medical Officers on problem of NCDs and preventive as well as promotive aspects of health services along with Government and NHSRC

IX. Special Focus Groups (Young Girls and Women)

Our strategies and activities will be designed in such a way that they will cater to the needs of vulnerable groups such as young girls and women (especially pregnant and lactating mothers) to educate and empower them on their health and well-being, thus, ensuring a holistic change in their lives & gender equity.

The activities will involve working directly with these vulnerable groups to ensure:

- Access to formal education
- Reducing school drop-outs
- Ensuring access to mid-day meals
- Sensitization on SRHR as well as general health & wellbeing
- Ensuring access to health services by pregnant women & lactating mothers
- Food and nutrition security for women, especially pregnant and lactating mothers
- Vocational training and skill development
- Averting child marriage

X. Health promotion in work settings:

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

We will be focusing on both organized as well as unorganized work sector
Our methodology to promote health in organized sector:

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

In unorganized sector

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

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

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

Our Agenda

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

Motivating Mohalla clinics to provide basic knowledge to the patients and their families on health promotion.
Health Promotion and COVID-19

Ongoing discussion about the range of actions needed during the SARS-CoV-2 outbreak and Coronavirus Disease 2019 (COVID-19) is calling all of us to bring forward our thoughts and experiences about how best to cope with the multiple challenges we are facing regarding COVID-19. COVID-19 not only tests the health care system’s resiliency, but also puts into question the relevance of the hospital-centric perspective that has dominated the health care system for decades.

The pandemic has indeed exposed the underbelly of our health systems highlighting utmost importance of vigorous health promotion effort in the future. It showed the vulnerability of our civilization and reinforced the importance of living in harmony with nature, not rampaging it in a concurring mode.

In this context, it is important to consider the role of health promotion in dealing with the COVID-19 pandemic.

Indeed, this crisis underscores the need for strong public systems, as well as the critical role of health literacy in promoting population health, and the need for effective communication and community mobilization efforts to enhance protective and self-care behaviors and measures at a societal, community and individual level.

During the pandemic, the resistance of the citizens all over the world to simple preventive steps like using of masks or maintaining social distancing, brought to the light the fact that preventive and promotive health care should be an important health agenda for the future, so that our citizens internalise and practice the basics of healthy living. We must sensitize the global population so that their health behaviour goes through necessary changes. In our work in the past, we have many successful examples of fulfilling this agenda. We need to learn from these past experiences and upscale it significantly. In this process, we must rework our communication strategy. In the last few years, social and digital media’s significant presence has captured all spheres of our life. Our information, education and communication effort need to fully utilize this vibrant platform to reach out effectively.

At the heart of a health promotion response to the COVID-19 crisis is the need to increase people’s control over their health, to enhance social cohesion and solidarity, and to (re)build public trust and collective responsibility for population health and wellbeing.

Successful community engagement, supported by digital opportunities for safe communication, is key to coping successfully with this crisis and its many disruptive consequences at a societal level. As such, health promotion actions have a central role to play in empowering communities and individuals in adopting effective responses and managing the psychosocial impacts of the multi-layered consequences of this pandemic.

The health promotion community also has an advocacy role to play in arguing for sustained investment in public health systems, so that nations are better prepared for future crises and recognize the value of supporting health and well-being at all times.

Any long-term perspective plan for Health Promotion have to keep in mind the health priorities of SDGs and of course, the health reality of post-COVID-19 world