



OPPI Fifth Healthcare Access Summit – ACT on NCDs

Proceedings report

September 2016

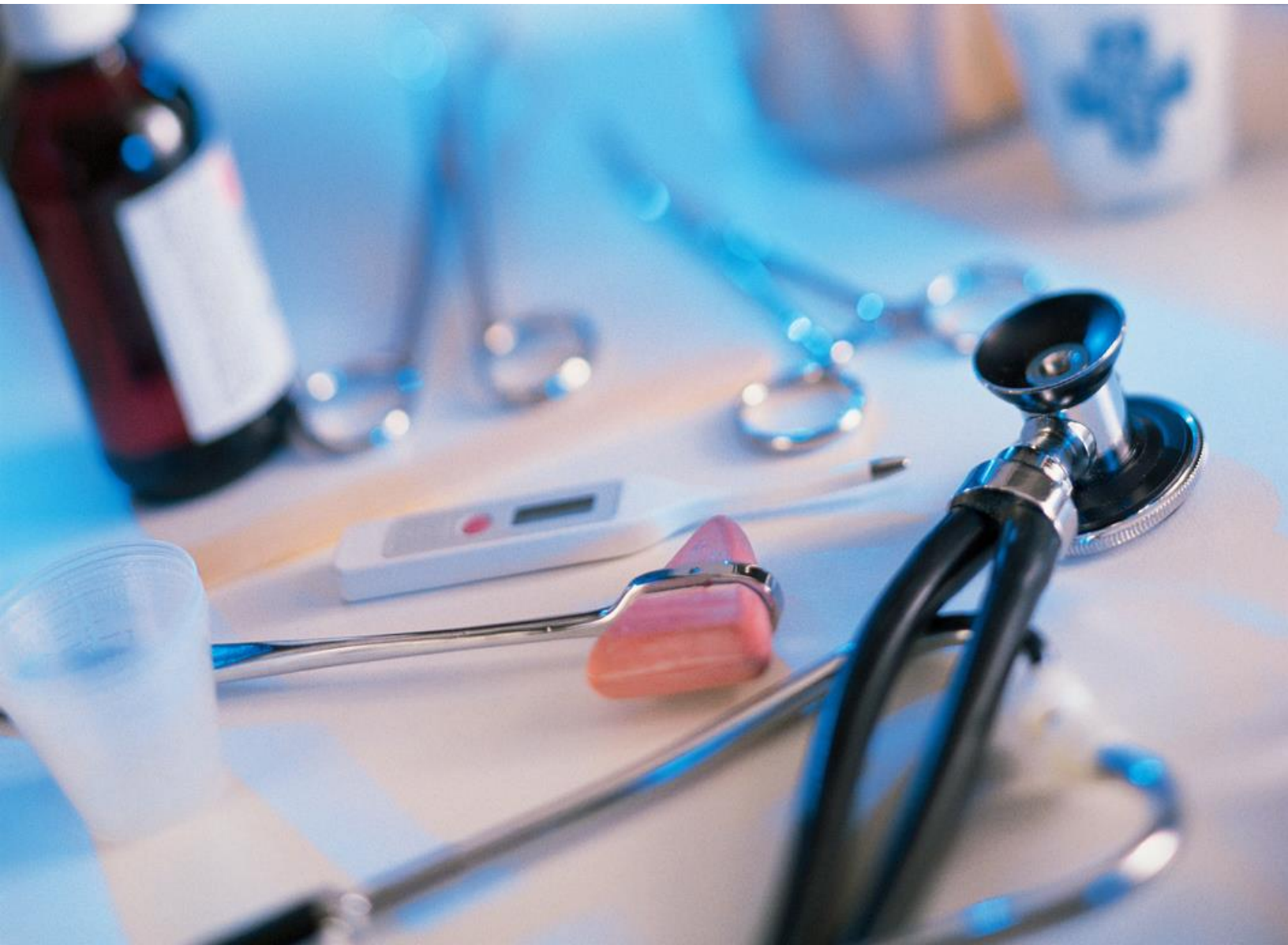


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Context

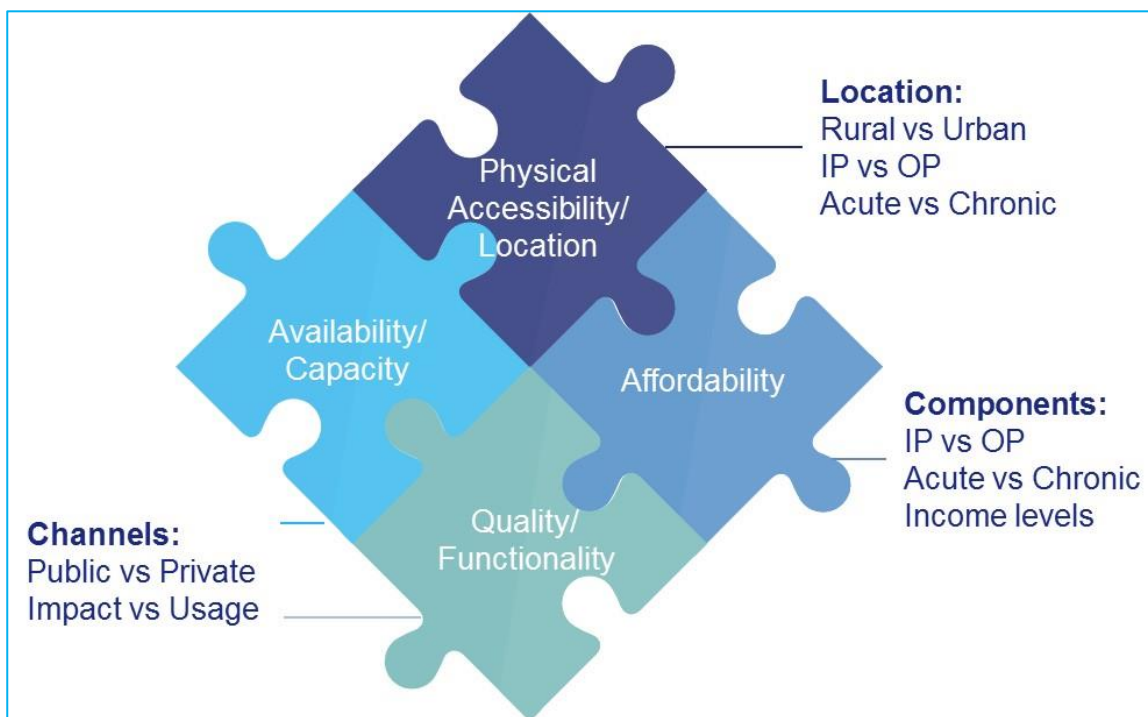
Healthcare Access

Providing quality healthcare on an equitable, accessible and affordable basis across all segments of population is an important and foundational element for determining priorities, resource allocations and goals for the future.

In this regard, a comprehensive 2013 IMS Institute study on “Improving Access to Healthcare in India” clearly identified that issue of healthcare access has multiple dimensions viz. physical accessibility, availability/capacity of the resources, quality/ functionality and affordability. The study also highlighted the need to address all dimensions of healthcare access.

Key Dimensions of Healthcare Access

For an effective access to healthcare, an individual should be able to easily receive optimal preventive and curative care without adverse financial impact. Barriers in any of the following mentioned aspects constitute a healthcare access gap.



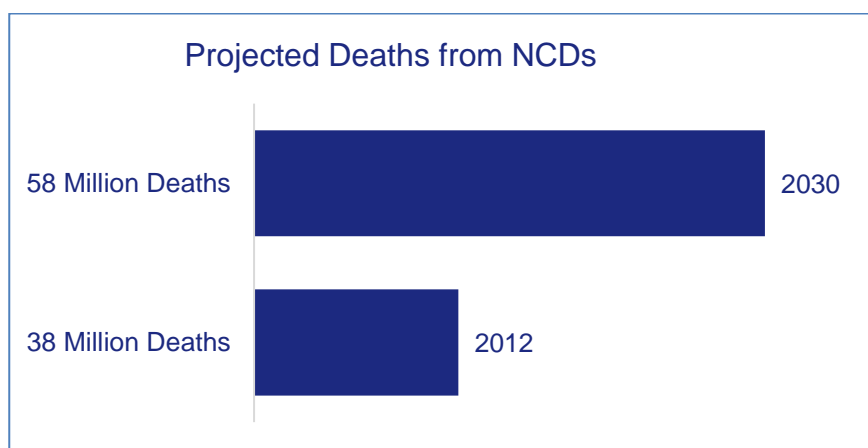
Source: *Understanding Healthcare Access in India. Report by the IMS Institute for Healthcare Informatics*

Healthcare access is a holistic issue and for increased penetration in the healthcare industry, the issues of physical reach, availability of human resources in terms of doctors, para-medical staff, and issues of governance of the infrastructure and affordability should be dealt in a holistic way with the involvement of all stakeholders to move forward.

Healthcare Access – Non-Communicable Diseases

The global burden and threat of NCDs constitutes a major public health challenge that undermines social and economic development throughout the world, and inter alia has the effect of increasing inequalities between countries and within populations.

More than 38 million deaths or 68% of the 56 million deaths that occurred globally in 2012 was due to NCDs¹, and according to those projections, the total annual number of deaths from NCDs will increase to 58 million by 2030. Low and middle income countries already bear 82% of the burden of these premature deaths, resulting in cumulative economic losses of US\$7 trillion for the estimated period ranging from 2011-2025



In the past few decades, India has witnessed unprecedented progress in the health of the populace. There have been several changes in terms of economic development, mortality and diseases profile. There has been remarkable achievements in controlling communicable diseases across India, though there is still a lot of scope for improvement. Decline in prevalence of communicable diseases has been accompanied with accelerated rise in non-communicable diseases accounting to over 60% of the deaths in India². The NCDs that top the lists are Cardio Vascular Diseases, Diabetes, Hypertension, Stroke and Cancer.

In line with WHO's Global action plan for the prevention and control of NCDs 2013-2020, India is the first country to develop specific national targets and indicators aimed at reducing the number of global premature deaths from NCDs by 25% by 2025³. In this regard, an integrated patient-oriented approach, combined with a universal chronic disease management framework is imperative. Therefore, it would need collective will and commitment of all stakeholders to work collaboratively to halt the onslaught of NCDs. OPPI member companies have been working closely with Government and other stakeholders in the herculean task of enhancing awareness about NCDs and engaging in patient education and support programmes to ensure better patient outcomes.

¹ Global status report on noncommunicable diseases 2014; ISBN 978 92 4 156485 4; http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf

² http://www.searo.who.int/india/topics/noncommunicable_diseases/ncd_country_profile_2014.pdf?ua=1

³ http://www.searo.who.int/india/topics/cardiovascular_diseases/National_Action_Plan_and_Monitoring_Framework_Prevention_NCDs

Healthcare Access Summit - The journey so far!

Organization of Pharmaceutical Producers of India (OPPI) has been focusing on improving access to healthcare in India through a variety of measures with an emphasis on collaboration amongst key stakeholders, wherein it remains committed to supporting India's healthcare objectives and engaging with the Government and other stakeholders to find sustainable healthcare solutions.



1st Healthcare Access Summit- 'Access, Innovation and Reach of Healthcare in India'

The '1st Healthcare Access Summit' of OPPI, conclave on 'Access, Innovation and Reach of Healthcare in India' held in the year 2012 primarily focused on improving access through innovation, research and development (R&D). The distinguished speakers highlighted a set of key challenges like poor public health services, dual disease burden, inadequate healthcare financing etc. that must be overcome to improve access and reach in an equitable manner across states, urban and rural areas, income groups and education, gender and caste strata. The agenda with regard to innovation at the conclave was focused around how India could become a global hub for R&D and how it could become a potential leader in Biotechnology, wherein India needs to move beyond the legacy of success derived from the generics industry, focus more specifically on local needs and public health issues, learn to coordinate and collaborate with other Indian firms to take advantage of scale and pooling of resources and capitalize on the spirit of entrepreneurship.

2nd Healthcare Access Summit- 'Access to Healthcare – Challenges and the Way Forward'

The '2nd Healthcare Access Summit' of OPPI, titled '**Access to Healthcare – Challenges and the Way Forward**' held in the year of 2013 in Mumbai emphasis on key insights about how the overall status of healthcare access can be improved in the country. The landmark study undertaken by IMS Institute entitled '**Healthcare Access in India - What is the current status?**' was unveiled during the occasion which compiles a comprehensive view of achievements that have been made to date and the key challenge areas that remain. Using a large quantitative survey, the study mapped the current healthcare status in a comprehensive manner, identifying clear gaps in healthcare access. The seminar brought together views from various stakeholders to identify areas of improvements and necessary action plan that needs to be carried out to improve healthcare access. Subsequently based on the proceedings of the seminar another white paper titled "**Improving Access to Healthcare in India-A strategic roadmap**" was developed which defined a strategic roadmap to improve access to healthcare.

3rd Healthcare Access Summit- Partnering with stakeholders, providers & payers

The '**3rd Healthcare Access Summit**' of OPPI held on August 2014 addresses the healthcare issues that the country is facing. The meeting was focused on identifying different intervention areas of improving healthcare access in coordination with the 1st and the 2nd Healthcare Access Summits. The seminar brought together views from various stakeholders to identify healthcare access issues regarding improving availability of healthcare service, raising performance of healthcare delivery organizations and expanding & accelerating affordability of healthcare which were addressed through various themes like partnering with stakeholders, payers and providers and understanding the Global best practices. The discussions generated numerous concerns, ideas, and suggestions, which participants used to devise recommended steps for advancing healthcare access in the nation. There was a unanimous view that the key to improving healthcare access and reach will be where Government, Non-Governmental Organizations, Corporate sector, Pharmaceutical companies, doctors, policy makers and various other stake holders collaborate and enhance their knowledge level in finding innovative ways to improve access to healthcare.

4th Healthcare Access Summit- Financing & Pricing

The OPPI's '**4th Healthcare Access Summit**' held on August 2015 focused around universal healthcare and sustainable healthcare financing with a key focus on impact of price control measures on access to medicine. The paper authored by Ashok Bhattacharya and Dr Elizabeth Fowler entitled '**Universal Health Care and Sustainable Healthcare Financing in India: Lessons from other Major Healthcare Markets**' was released during the occasion, which highlighted the need to augment the health care infrastructure in India in terms of primary care, vaccinations and also the need for increased investment in health care, in terms of both expanding access across various segments of the population as well as the development of physical infrastructure with appropriate training and attention of medical professionals. The study undertaken by IMS Institute entitled '**Assessing the Impact of Price Control Measures on Access to Medicine in India**' was also unveiled during the occasion which focused on impact of pricing policy on the pharmaceutical sector with respect to the entire Ecosystem. The broad

conclusion of this report was that pricing policy has only helped push affordability for the higher income and to some extent middle income groups. But there has been minimal impact if any on the low income groups with respect to pushing access to medicines.

5th Healthcare Access Summit- Acting on Non-Communicable Diseases (NCDs)

The OPPI '**5th Healthcare Access Summit'-Acting on NCDs** held on August 2016 focused upon ACT (Awareness, Capacity building and Treatment) on Non-Communicable Diseases, (NCDs); wherein discussions centered on addressing the fast-growing risk of NCDs and measures to contain this disease burden. This attention to NCDs is being structured on four grounds: the scale of the challenge, the World Health Organization's (WHO) Global Action Plan to contain NCDs, the need for a strengthened patient centric healthcare system and a roadmap in the form of a Declaration, at the Access Summit.

The study undertaken by KPMG entitled '**Healthcare Access Initiatives**' was unveiled during the occasion which focused on importance of the patient at the core of all activities. The report presents the current healthcare scenario in India, and the potential future burden should there be a further delay in implementing access initiatives. It also summarizes the various interventions undertaken by OPPI member companies towards improving patient access to healthcare.

Further, the **Delhi Declaration on Non-Communicable Diseases** was also announced at the Summit. The Declaration articulates the intention of reducing the burden of NCDs through innovative and sustainable solutions that decrease the social, economic and medical burden of NCDs. Additionally, the Declaration seeks to achieve the set NCDs and UN's Sustainable Development Goals (SDGs) 3.4 goals and outlines direct actions that can be undertaken to combat NCDs in India. More importantly, it serves as an inspiration across all the states of India and the wider region.

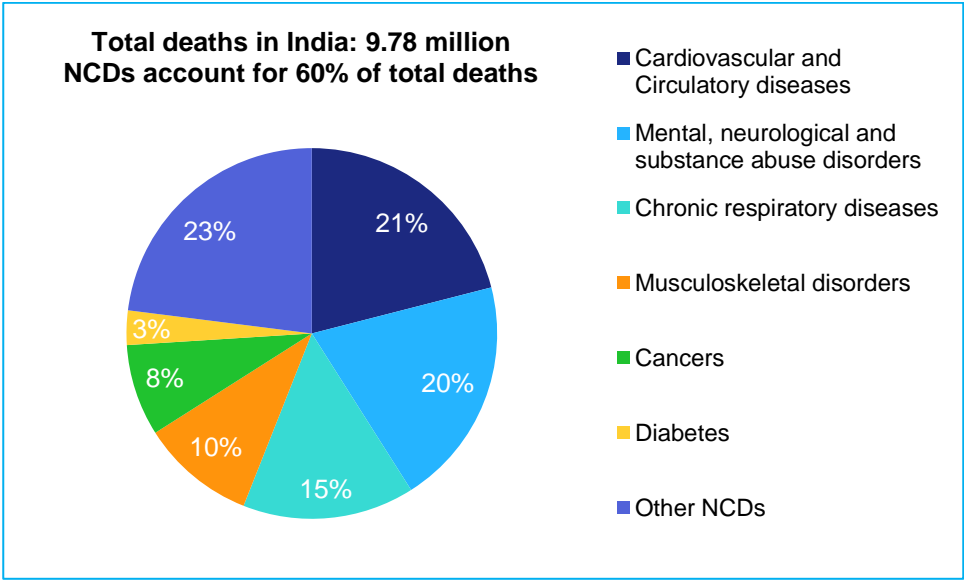
At this summit, OPPI also recognized Aravind Eye Care Systems with the OPPI Healthcare Access Award 2016; The Cancer Institute (WIA), Adyar, Chennai, with the OPPI Healthcare Access Award on NCDs and Dr V. Mohan, Dr Mohan's Diabetes Specialties Centre with the OPPI Award for Improving Access to Diabetes Care.

Non-Communicable Diseases (NCDs)

Over the past decades, rising income levels and increased life expectancies have been a feature of Indian economic and demographic growth. NCDs pose a huge challenge to the country’s healthcare system. NCDs, including cardio-vascular diseases, cancer, diabetes, and chronic lung diseases, account for more than half the deaths in India.

Non-Communicable Diseases (NCDs) which are a major threat to development, economic growth and human health. The most recent analysis suggests that if no action is taken, these diseases will cost India around INR 280 trillion (US\$4.6 trillion) between 2012 and 2030 in terms of lost economic output, mainly as a result of cardiovascular diseases, mental disorders and respiratory diseases. Current prevalence of raised blood glucose is 9% for both sexes⁴. Every fourth individual in India aged above 18 years has raised blood pressure (hypertension)⁴.

NCDs contribute to around 5.87 million deaths that account for 60% of all deaths in India⁴, making them the leading cause of death – ahead of injuries and communicable, maternal, prenatal, and nutritional conditions. According to a WHO report, NCDs will be the largest cause of death and disability in India by 2020. The graph below shows the relative burden of priority chronic conditions in India where percentage of combined disease burden attributes to NCDs, measured in DALYs⁵.



To address this issue, primary prevention of NCDs, built upon robust early screening and a strong healthcare infrastructure, is a promising area for reaping favorable returns on investment in the Indian context. In this regard, Government should ensure that a policy-based preventive approach, coupled with sustainable funding mechanisms, robust monitoring system and collaborative efforts of private sector is imperative to tackle the rising burden of NCD in India. A renewed focus on NCD’s through ACT (Awareness, Capacity building and Treatment) by shifting policy focus to early diagnosis & preventive care, training health care professionals development and implementation of national treatment guidelines and policies for prevention and control of NCDs by creating patient friendly healthcare ecosystem will successfully lead us to win the battles against NCDs.

⁴ http://www.searo.who.int/india/topics/noncommunicable_diseases/ncd_situation_global_report_ncds_2014.pdf?ua=1
⁵ Naylor C, Parikh R, Negi S and Gulati S. Chronic Conditions in India. Evidence-based solutions for a growing health crisis. New Delhi, India: Public Health Foundation of India, 2015.

1. Diabetes

Diabetes is a global challenge whose prevalence is increasing rapidly. It has been quadrupling since the 1970s and predicted to affect over 100 million people in India by 2030. Today, India is being referred to as the diabetes capital of the world, where around 12% of adults in Indian cities, and 4% in rural areas are being affected. Diabetes has costed India approximately US \$32 billion in 2010 which is about 2% of GDP.

Diabetes	
Issues & Challenges	Way forward
<ul style="list-style-type: none"> • Undiagnosed population is 52% • Poor diet and no physical activity • High tobacco and alcohol consumption • Increased obesity and blood pressure cases • Socio-economic Consequences 	<ul style="list-style-type: none"> • Patient Education Programs (PEP) at community level • AHSA workers as change agent for diabetes management at grassroot level • Creating national diabetes treatment guidelines combining Government and Private KOLs

1.1 Issues and Challenges

Diabetes is being undiagnosed in almost 52% of the population. It has been seen that because of poor diet, no physical activity, high tobacco and alcohol consumption and increased obesity & blood pressure cases, the rate of diabetes has tremendously increased in the last decade.

The socio-economic consequences are also enormous. It has been seen that paying for the treatment is a considerable burden in the lives of most people. Furthermore, if a single member of a family has one of the chronic complications which is caused by or associated with diabetes, the full family falls below the poverty line.

1.2 Way Forward

The diabetes pandemic is a cause for concern in India and around the world. It is an enormous public health challenge that calls for countries of the world to unite together with polices aimed at curbing the disease. In this regard, all stakeholders should collaborate in order to identify the best interventions, and create national diabetes treatment guidelines with the help of government and private KOLs to ensure people with diabetes have access to the right treatment at the right time in the right way.

Furthermore, more emphasis should be given on conducting patient education programs (PEP) at community level to try and spread “knowledge”. The aim is to make diabetes care available, accessible, and affordable. Therefore, the focus should be on education for people with diabetes.

Also ASHA workers should be launched as a change agent for diabetes management at grassroot level, therefore more initiatives and interventions at ASHA level should be implemented to change the disease reality at ground level.

2. Cardio Vascular Disease

Cardiovascular diseases (CVDs) are diseases of the heart and/or blood vessels, including several types of heart disease, arterial disease and stroke which are the biggest killer in India – accounting for up to 29% of all deaths. India is the world capital of Cardio Vascular Disease, Hypertension and MetS/ Stroke. Tobacco use, alcohol use, unhealthy diet and physical inactivity are the main CVD risk factors worldwide. Some chronic infections are risk factors for cancer and have major relevance in low- and middle-income countries.

Cardio Vascular Disease	
Issues & Challenges	Way forward
<ul style="list-style-type: none"> • No Primary health care programmes for early detection and treatment • Increased tobacco use, alcohol use, unhealthy diet and no physical inactivity has increased the risk of cancer • Socio-economic Consequences 	<ul style="list-style-type: none"> • Strengthening and orienting health systems to address cancer at grassroots level • Education and Awareness Initiative for early detection • Creating national CVD treatment guidelines combining Government and Private KOLs

2.1 Issues and Challenges

At least three quarters of the world's deaths from CVDs occur in low- and middle-income countries and India is leading the race. People in India often do not have the benefit of integrated primary health care programmes for early detection and treatment of people with risk factors. As a result, many people are detected late in the course of the disease and die younger from CVDs, often in their most productive years. Increased tobacco & alcohol use, unhealthy diet and no physical inactivity has increased the risk of CVD worldwide. CVDs also contribute to poverty due to catastrophic health spending and high out-of-pocket expenditure.

2.2 Way Forward

Focus should be given on strengthening and orienting current health systems to address CVDs at grassroots level where strengthening healthcare workforce capacity to manage CVDs in primary care should be the primary goal.

People with cardiovascular disease or who are at high cardiovascular risk (due to the presence of one or more risk factors such as hypertension, diabetes, hyperlipidaemia or already established disease) need early detection and management through education and awareness initiatives.

Other measures of preventing cardio vascular disease includes collaborating all stakeholders to create national CVDs treatment guidelines with the help of government and private KOLs to ensure people with CVDs have access to the right treatment at the right time in the right way.

3. Cancer

Cancers figure among the leading causes of morbidity and mortality worldwide. It is expected that annual cancer cases will rise from 14 million in 2012 to 22 within the next 2 decades. Around one third of cancer deaths are due to the 5 leading behavioral and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, alcohol use. The most common forms in India include lung cancer (in men,) breast and cervical cancers (in women). It is seen that about 75% of patients do not visit a doctor until the disease is already in the advanced stages, reducing the chance of survival.

Cancer	
Issues & Challenges	Way forward
<ul style="list-style-type: none"> • Less awareness among early symptoms and diagnosis • Inadequate and unhealthy life style and behavior • Less access to affordable treatment and counselling • Socio-economic Consequences • No patient centric approach 	<ul style="list-style-type: none"> • Pre-emptive approach towards awareness, diagnosis, prevention & reduction of cancer • Adopting best practices towards building capacity for cancer care • Development of national cancer treatment guidelines and policies for prevention and control

3.1 Issues and Challenges

Cancer is one of the leading causes of deaths in India and the major reason behind it is less awareness among early symptoms and diagnosis of cancer. It is reported that 89% of patients in India are diagnosed in advanced stage of cancer. Inadequate life style including increased tobacco & alcohol use, unhealthy diet and no physical inactivity has increased the risk of cancer worldwide. The economic consequences of cancer also play a major role in patient and caregiver productivity loss, and rising treatment costs. Also there is no patient centric approach to improve cancer.

3.2 Way Forward

Emphasis should be on adopting a pre-emptive approach towards awareness, prevention and reduction of cancer risk factors as it slows or stop the progression of diseases, which in return is a cost-effective and achievable approach as it targets only those who are at pre-disease stage. Focus should also be on adopting best practices towards building capacity for cancer care, wherein strengthening healthcare workforce capacity to manage cancer at grassroot level should be the primary goal.

For creating a patient-friendly healthcare ecosystem for cancer management, greater emphasis should be given on development and implementation of national treatment guidelines and policies for prevention and control of cancer with the help of government and private KOLs to ensure people with cancer have access to the right treatment at the right time in the right way.

4. Recommendations– ACT (Awareness, Capacity building and Treatment) on NCDs

An integrated patient-oriented approach, combined with a universal chronic disease management framework is imperative. In this regard, a renewed focus on NCD’s through ACT (Awareness, Capacity building and Treatment) by shifting policy focus to early diagnosis & preventive care, training health care professionals development and implementation of national treatment guidelines and policies for prevention and control of NCDs by creating patient friendly healthcare ecosystem will largely help in improving patient access to healthcare.

Recommendations			Outcome
A	Awareness	Scaling up NCDs awareness and diagnosis in India	Improved patient access to healthcare
C	Capacity Building	Achieving India targets for NCD-related risk factors through capacity building	
T	Treatment	Development and implementation of national treatment guidelines and policies	

4.1 Awareness

Scaling up NCDs awareness and diagnosis in India

Most NCDs typically do not show any early symptoms and remain undiagnosed and therefore undetected. Patients complain of complications that are diagnosed at a very late stage, leading to poor patient outcomes. There is strong evidence that early detection and treatment of NCDs has a positive impact on disease progression, leading to fewer complications and better quality of life with increased life expectancy.

Strengthening policy and national guidelines to include preventive care, population based screening and ensuring healthy lives across all age-groups for managing NCDs at primary care.

- Convergence with ongoing public health programs for awareness and screening and enhancing multi-sectoral, multi-stakeholder approach and work together to raise awareness on common risk factors affecting the entire community. Conducting mass media campaigns to increase awareness on early diagnosis and primordial prevention of NCDs.
- Including awareness and prevention on NCDs as an essential part of school curriculum in order to make a necessary shift in social behavior and begin instilling ‘healthy living’ as a norm, at a very young age.
- Promoting physical activity and healthy eating through “role models”.

- Adopting a pre-emptive approach towards awareness, prevention and reduction of NCDs risk factors in the fight against NCDs as it slows or stop the progression of diseases. It is cost-effective and achievable as it targets only those who are at pre-disease stage.

4.2 Capacity Building

Achieving India targets for NCD-related risk factors through capacity building

The NCD burden will remain unresolved until access to affordable treatment and counselling is made a priority. Inadequate access to appropriate medication, insufficient knowledge about complications and inability to manage long- term care are impediments in containing this disease burden.

NCD management through ‘optimal care’ needs to include training of healthcare professionals at primary, secondary and tertiary levels on integrated Non Communicable Diseases management.

- Strengthening and orienting current health systems to address NCDs at grassroots level while strengthening healthcare workforce capacity to manage NCDs in primary care
- Forming Public Private Partnerships for training, medical education, diagnostic equipment, and preventive care delivery requirements, to promote efficient use of resources.
- Partnerships between Government and NGOs, civil society and patient groups in order to promote capacity building at all levels.
- Including dedicated module on NCDs in MBBS, Nursing and pharmacy curriculum to strengthen both the effectiveness of the health system in managing NCDs.
- Adopting best practices towards building capacity for NCDs care.

4.3 Treatment

Development and implementation of national treatment guidelines and policies for prevention and control of NCDs

A patient-centric approach to improve the NCDs pathway will keep people healthy and delay complications and co-morbidities for as long as possible. This will require a coordinated approach involving primary, secondary, tertiary care and the social sector, with the individual at the centre.

Creating a patient-friendly healthcare ecosystem for Non Communicable Diseases management, including primary, secondary and tertiary preventive strategies.

- Strengthening national capacity, leadership, governance and partnership towards “Standard National Treatment Guidelines” for NCDs
- Monitoring and evaluation of trends of NCDs through research
- Increasing access to essential NCDs medicines and technology
- Optimal utilization of existing healthcare infrastructure for basic treatment & management of NCDs at the sub centers, community health centers, district hospitals and tertiary level institutes – for improved access to care for NCDs.
- Keeping the patient at the center of care and focus on the community for long term management of disease

- Encouraging further investment to scale up the 'NCD Clinic' model, a GOI initiative, at the primary healthcare level as the treatment paradigm of NCDs is fundamentally different from acute diseases.
- Including private sector for accountability and timely healthcare delivery

Conclusion

NCDs are emerging as a grave public health concern. With the changes in lifestyles and demographic profiles, non-communicable diseases have emerged to be important health problems that demand appropriate control before they assume epidemic proportion.

For the first time in the modern history of India, non-communicable diseases (NCDs) have surpassed communicable diseases as the most common cause of morbidity and premature mortality. Cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and other NCDs accounting for 60% of all deaths in India, are the leading cause of death – ahead of injuries and communicable, maternal, prenatal, and nutritional conditions. Furthermore, NCDs account for about 40% of all hospital stays and roughly 35% of all recorded outpatient visits.

Restructuring and strengthening healthcare systems have resulted in a decline in the incidence of infectious disease. This provides adequate evidence that the same result is possible for NCDs.

The objective is to achieve the SDG 3.4 goals and direct actions to combat NCDs in India and bring innovative and sustainable solutions that reduce the social, economic and medical burdens of NCDs on Indian patients. The proposed actions are those that are manageable, sustainable, and serve as an inspiration across India.

Therefore, an integrated patient-oriented approach, combined with a universal chronic disease management framework is imperative, where renewed focus on NCD's through ACT (increase Awareness, build Capacity and elevate Treatment) will largely help in improving patient access to healthcare.

DISCLAIMER

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