

# Supporting healthier *gram panchayats*

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# Dual burden of diseases

- Noncommunicable/ lifestyle diseases - heart diseases, diabetes, cancers, mental health illness and injuries
- Communicable/ infectious diseases - tuberculosis, malaria, leprosy, measles

## Top three causes of death

**1990**

- Communicable/ infectious diseases
- Noncommunicable/ lifestyle diseases
- Injuries

**2019**

- Noncommunicable/ lifestyle diseases
- Communicable/ infectious diseases
- Injuries

**Health emergencies (such as COVID19) put extra burden**

# Leading health problems in rural India

## Communicable / infectious diseases

- ➔ 1.7 million have TB every year
- ➔ 1-5 new cases of leprosy / 10,000 population
- ➔ 137.6 million population at risk of kala-azar
- ➔ 650 million persons at risk of lymphatic filariasis

## Noncommunicable / lifestyle diseases

- ➔ 1 in 3 adult uses tobacco products
- ➔ 169 million adults have high blood pressure
- ➔ 50 million persons have diabetes
- ➔ 90 million persons need mental health care
- ➔ 1 in 2 women (15-49 years) has anaemia
- ➔ 1 in 3 children under five is underweight

# WHO's work in India

## Reducing disease risk

- Tobacco and alcohol
- Unhealthy diet
- Air and water pollution
- Vaccination
- Prevention of outbreaks

## Elimination of diseases

- Tuberculosis
- Kala azar, leprosy, filariasis
- Malaria
- HIV, hepatitis
- Measles and rubella

## Strengthening health services

- Comprehensive primary health care: India Hypertension Control Initiative; Respectful mother and childcare
- Skilled health workforce
- Health financing
- Medicines and vaccines



# Reducing disease risk



Community engagement through targeted campaigns



Re-skilling *bidi* rollers

# Vaccination



Advocacy with the community



Monitoring quality at the grassroots

# Elimination of diseases

## TB Mukht Bharat

- Case notification
- Diagnostic services and medication
- Surveillance and monitoring





# Last mile for kala-azar elimination

- Active case search
- Disease surveillance and management
- Indoor residual spraying
- Capacity building
- Community mobilisation





# Elimination of lymphatic filariasis

- Mass drug administration
- Camps for hydrocele surgery
- Motivating people for drug consumption
- Self care demonstration to patients



# Strengthening health care services



Community mobilisation through  
Jan Arogya Samitis



Supporting health  
and wellness centres

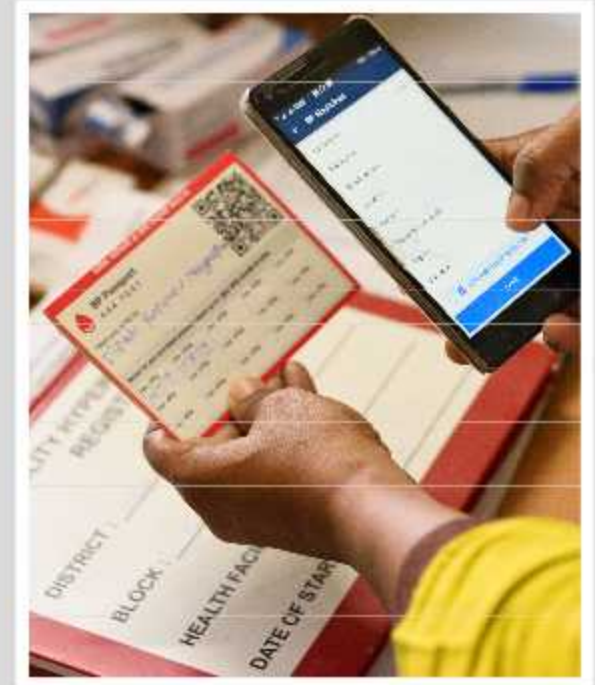


Engaging with  
health care providers



# Bringing healthcare services closer to home

- Drug delivery at doorsteps for hypertension patients
- Telemedicine for hypertension and diabetes
- Respectful care for mother and children







## Healthy Villages: localising SDGs

**We work closely with Government of India and state governments to support:**

- Transitioning of government policies to practice for universal health coverage
- Focusing on tribal, marginalised and vulnerable populations to leave no one behind
- Communities to receive quality healthcare services without suffering financial loss