The burden of diabetes in India is increasing and was 69.2 million in 2015 as per the International Diabetes Federation. Over the last three years, CII-Lilly Non-Communicable Disease Summit has established itself as a strong brand in trying to play a role of a catalyst in improving the management of non-communicable diseases in India. The current summit is the fourth in the series with the objective of revisiting and reviewing takeaways from the earlier three summits.
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<td>AKT</td>
<td>Protein kinase B</td>
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<tr>
<td>BHEL</td>
<td>Bharat Heavy Electricals Limited</td>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>BMR</td>
<td>Basal Metabolic Rate</td>
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<td>CAD</td>
<td>Coronary Artery Disease</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<td>CCUs</td>
<td>Cardiac Care Units</td>
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<td>CHC</td>
<td>Community Health Centre</td>
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<td>CIL</td>
<td>Coal India Limited</td>
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<td>CT</td>
<td>Computed Tomography</td>
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<td>DM</td>
<td>Diabetes Mellitus</td>
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<td>FBS</td>
<td>Fasting Blood Sugar</td>
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<tr>
<td>FOGSI</td>
<td>Federation of Obstetric and Gynaecological Societies of India</td>
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<tr>
<td>GAIL</td>
<td>Gas Authority of India Limited</td>
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<tr>
<td>HbA1c</td>
<td>Glycosylated Haemoglobin</td>
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<tr>
<td>HBP</td>
<td>High Blood Pressure</td>
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<td>HHS</td>
<td>Department of Health and Human Services</td>
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<td>ICT</td>
<td>Information and Communications Technology</td>
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<tr>
<td>ID</td>
<td>Identification Document</td>
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<tr>
<td>JNM</td>
<td>Jawaharlal Nehru Memorial Hospital</td>
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<td>MCGM</td>
<td>Municipal Corporation of Greater Mumbai</td>
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<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
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<td>NCD</td>
<td>Non-Communicable Disease</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>NGO</td>
<td>Non-Government Organization</td>
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<td>NHM</td>
<td>National Health Mission</td>
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<td>NPCDCS</td>
<td>National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke</td>
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<tr>
<td>OPD</td>
<td>Outpatient Department</td>
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<tr>
<td>PH</td>
<td>Project Hope</td>
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<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
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<tr>
<td>PHFI</td>
<td>Public Health Foundation of India</td>
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<tr>
<td>PLBS</td>
<td>Post Lunch Blood Sugar</td>
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<tr>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<td>PSE</td>
<td>Public Sector Enterprise</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>PSU</td>
<td>Public Sector Unit</td>
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<tr>
<td>RNTCP</td>
<td>Revised National Tuberculosis Control Program</td>
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<tr>
<td>SU</td>
<td>Sulfonylurea</td>
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<tr>
<td>TSRTC</td>
<td>Telangana State Road Transport Corporation</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Every year, roughly 5.8 million Indians die from heart and lung diseases, stroke, cancer and diabetes. In other words, 1 in 4 Indians risks dying from an NCD before they reach the age of 70. 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 2025.

This NCD Summit organized by the Confederation of Indian Industry (CII) along with Eli Lilly India therefore comes at a very apt time and is trying its best to cater to the same by building up a consensus both at regional and national level where one can learn and share global and national best practices. This NCD journey by CII and Lilly has entered its 4th year of existence.

The first NCD summit in 2013 was commissioned to examine the issues and challenges being faced by the National Program for Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) at national and state levels, and to document best practices across the different states. The objective of 2nd NCD Summit in 2014 was to review the health system landscape of Public Sector Enterprises (PSEs) on policies related to diabetes management; setting priorities to strengthen existing policies or formulating new ones.

The deliberations were held in five states and this resulted in some key strategies that could alleviate the burden of diabetes in PSEs. The third was organized for synergizing efforts in Diabetes care at the Tertiary Level. The deliberations were held in six states.

These summits have brought together over 600 representatives from Central &state governments, public sector undertakings (PSUs), national & international organizations, Hospitals, NGO’s and shared learning’s to prevent and improve care for people with diabetes in India. As a result, three national white papers were developed and disseminated. It is encouraging to see many of the suggested policies being implemented by various stakeholders and white papers becoming a reference policy document for many project implementation organizations.

To further ensure continuum of diabetes care & strengthening NCDs management, Confederation of Indian Industries (CII) along with Eli Lilly is organizing the Fourth National NCD Summit & Population Services International (PSI) is the strategic partner. This year the summit theme is “NCDs Management: Translating BEST practices into NEXT practices” to strengthen the policies and practices around NCDs management.
India is one of the fastest-growing economies in the world and is considered a newly industrialized country. With a current population of over 1.2 billion people, the country faces the challenge of meeting the growing health needs of its population. India has also showed a rapid epidemiological transition from communicable disease to non communicable disease (NCD). As per the World Health Organization (WHO) country report 2016, the trends of prevalence of diabetes mellitus (DM) has increased from less than 5% in 1980 to 7.8% in 2014. The prevalence of some of the risk factors has also increased, for example, almost one-fourth of the population of above 30 years of age is overweight at 21.4%, obese at 4.7%, physically inactive at 12.1%. Above all, the ratio of females is much higher than males in all these categories (1).

NCDs may be without any symptoms for a long period and therefore are called silent killers which plague the large percentages of young workforce and reduce the productivity levels within the organizations, posing a threat to the development of the economy. This platform of the National NCD Summit was therefore conceptualized to bring together various stakeholders to brainstorm on issues concerning the management and care of NCD, especially diabetes.

This NCD partnership is a five year strategic framework that began in 2013 where deliberations were done with state governments for understanding practices within their NCD space. Further, from primary / secondary prevention perspective, in 2014, public sector enterprises (PSEs) were engaged with the aim to strengthen their nascent policies in Diabetes Management.

In 2015, the initiative engaged with tertiary care providers to learn the enablers and barriers they faced in the management and care of NCDs. This year in 2016, the idea was to revisit all that has emerged from the previous summits, showcase the innovations which were introduced by different organizations in the NCD area after those summits, and further brainstorm on the feasibility of their expansion/replication. Thus, year 2016 brings to the fore some of the identified best practices and recommendations that have emerged from across regions on NCDs management & care.
Several studies have confirmed the steep rise in the prevalence of NCDs in both urban and rural areas of India. The prevalence of some of the risk factors has also increased; almost one-fourth of the population is overweight at 21.4%, obese at 4.7%, physically inactive at 12.1%. Above all, the ratio of females is much higher than males in all these categories.

The National NCD Summit in collaboration of CII and Eli Lilly has moved to its fourth year of existence. The first two summits of 2013 and 2014 laid stress on primary prevention of NCDs in India in collaboration with state governments and Public Sector Enterprise (PSEs) followed by 2015, which focused on tertiary care management of NCDs.

This year in 2016, the idea was to revisit the previous summits and strengthen and NCDs care and management by moving from “Best Practices” to “Next Practices”. The synergistic venture between CII and Lilly India with scientific support from PSI/India has built a consensus both at the regional and national level - urging all relevant stakeholders to learn and share from practices that have worked as well as those that did not in NCDs management.

Thus, the fourth NCD Summit revisited all that emerged from the previous summits as well as re-engaged with all past participants across the regions. The regional meetings held at Kolkata, Mumbai and Hyderabad provided a common forum for all participants to share the best NCD practices from each of their work places.

The regional meeting of Kolkata focused on the integration of National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) into National Health Mission (NHM). The initiatives on opportunistic screening of pregnant women and Tuberculosis (TB) patients for Blood Pressure (BP) and blood sugar, and integration of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) components into allopathic system were also discussed for prevention and control of NCD.

The Mumbai regional meeting deliberated about the initiation of NCD control program of Municipal Corporation of Greater Mumbai (MCGM) at primary health care level so as to reduce the burden of affected population on secondary and tertiary care institutions. Further, it was shared that NCD prevention programs are being run in schools, work places and local communities of each district, focusing on the importance of healthy diet and regular physical activity.

The third regional roundtable brought forward the initiatives of Central Government Health Scheme (CGHS) such as wellness clinics and polyclinics for health service delivery in Hyderabad. Telangana State Road Transport Corporation (TSRTC) also shared about the provision of latest medical facilities to their employees through expansion of range of medicines like insulin pen. Further, the success of Kerala’s NPCDCS program was shared followed by its expansion to other districts in the name of Amrutham Arogyam program.

As three best practices emerged including Score Card initiative of Western Coal Limited, Lifestyle clinic of Jawaharlal Nehru Memorial Hospital (JNM) Hospital, and NCD health clinics set up at primary (dispensary) health level by MCGM. In addition, some other innovative projects in the area of NCDs were also identified and would be presented for feasibility of their expansion/replication.

The National Summit is a composite of all these workshops and it endeavours to put forward these promising NCD practices for others to seek inspiration to replicate it in their organizations.
EXECUTIVE SUMMARY

1/4th of the population is overweight.

4.7% obese.

12.1% physically inactive.
According to the Global status report 2014, a total of 56 million deaths occurred worldwide during 2012. Of these, 38 million were due to NCDs, principally cardiovascular diseases, cancer and chronic respiratory diseases.

Nearly 80% of NCD deaths occur in low- and middle-income countries and NCDs are the most frequent causes of death in most countries, except in Africa.

Over 80% of cardiovascular and diabetes deaths, and almost 90% of deaths from chronic obstructive pulmonary disease, occur in low- and middle-income countries.

NCDs also kill at a younger age in low- and middle-income countries, where 29% of NCD deaths occur among people under the age of 60, compared to 13% in high-income countries.

Approximately 3.2 million people die each year due to physical inactivity.

Nearly 80% of NCD deaths occur in low- and middle-income countries and NCDs are the most frequent causes of death in most countries, except in Africa.

Over 80% of cardiovascular and diabetes deaths, and almost 90% of deaths from chronic obstructive pulmonary disease, occur in low- and middle-income countries.

NCDs also kill at a younger age in low- and middle-income countries, where 29% of NCD deaths occur among people under the age of 60, compared to 13% in high-income countries.

Approximately 3.2 million people die each year due to physical inactivity.
• People who are insufficiently physically active have a 20% to 30% increased risk of all-cause mortality.  

• Approximately 2.3 million die each year from the harmful use of alcohol, accounting for about 3.8% of all deaths in the world.  

• High blood pressure (HBP) is estimated to have caused 9.4 million deaths globally.  

• At least 2.8 million people die each year as a result of being overweight or obese.  

• Raised cholesterol is estimated to cause 2.6 million deaths annually; it increases the risks of heart disease and stroke.  

• At least 2 million cancer cases per year, 18% of the global cancer burden, are attributable to a few specific chronic infections, and this fraction is substantially larger in low-income countries.  

7.5 million High Blood Pressure Deaths  

2 million cancer cases per year
• NCDs contribute to around 5.87 million deaths that account for 60% of all deaths in India\(^5\).

• Cardiovascular diseases (coronary heart disease, stroke, and hypertension) contribute to 45% of all NCD deaths followed by chronic respiratory disease (22%), cancers (12%) and diabetes (3%)\(^5\).

• 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\(^5\).

• The prevalence of obesity and overweight is also showing a rapid increase in trends. Age standardized prevalence of obesity (Body Mass Index $\geq$ 30) has increased by 22% in the span of four years (2010-2014)\(^5\).
• Nearly one out of every ten persons aged 18 years and above in India has raised blood glucose, which poses extra financial and service burden on health systems. The age standardized prevalence of raised blood glucose is 9.0% for both sexes\(^5\).

• Every fourth individual in India aged above 18 years has raised blood pressure (hypertension) and the prevalence has increased by 10% from 2010 to 2014\(^5\).

• 12.5 lakh new cases of cancer are diagnosed every year and around 28 lakh cases of cancers are prevalent at any given point of time in India\(^6\).

12.5 lakh new cases of cancer every year
A "best" or "smart" practice is a clear and concrete behavior that solves a problem or achieves a goal. It is a method or technique that has documented outcomes and ability to replicate as key factors. Referring to established practices is a pragmatic, effective and efficient way of working.

The 4th National NCD Summit brings forward a compendium of best practices - that have worked in workplaces and larger communities and offers insights into how these enablers could be translated to Next practices. The White paper presents some of the promising practices being implemented in respective organizations for drawing inspiration to further strengthen NCDs management.

According to the U.S. Department of Health and Human Services (HHS), a promising practice is defined as one with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.

Since evidence of effectiveness, potential for taking the intervention to scale and generalizing the results to other populations and settings are key factors for best practices, the manner in which a method or intervention becomes a best practice can take some time and effort. The table below demonstrates the process for a promising practice to achieve the status of research validated best practice.
WHY WE LOOKED AT BEST PRACTICES

A program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.

Table 1: Definitions

RESEARCH VALIDATED BEST PRACTICE
A program, activity or strategy that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation.

FIELD TESTED BEST PRACTICE
A program, activity or strategy that has been shown to work effectively and produce successful outcomes and is supported to some degree by subjective and objective data sources.

PROMISING PRACTICE

Regional Roundtables

Since 2013, The National NCD Summit has adopted the methodology of multistakeholder consultations and collaborative thinking. It has sought regional representation from a wide audience to reflect the learning’s from operational researches, and practices (both best and emerging) in NCD care and management. Regional roundtables have also looked at the gaps identified during implementation of these best practices, the challenges that were faced and the measures taken to overcome such challenges and also certain collaborative works that were referred to while planning and devising the strategy of implementation.

Regional Roundtables this year

The regional roundtables in Kolkata, Mumbai and Hyderabad brought together a mixed group of professionals, including the participants of previous three Summits. The representatives presented and shared their implementation experiences, how they bridged gaps and adopted recommendations and suggestions by other stakeholders and institutions into their practices.
SHARING EXPERIENCES AND BEST PRACTICES ON NCD-FOCUSING ON DIABETES

Current protocol on screening for gestational DM

SHARING IDENTIFIED GAPS ON PREVENTION & MANAGEMENT OF NCD AS WELL AS PLAN / RECOMMENDATION TO BRIDGE THOSE GAPS

Current practice for opportunistic screening for DM/HBP

PRESENTING STATE / INSTITUTION SPECIFIC DATA ON NCD

Ensuring Access to medicine

Strategy adopted for follow up of patients

SHARING IDENTIFIED GAPS ON PREVENTION & MANAGEMENT OF NCD AS WELL AS PLAN / RECOMMENDATION TO BRIDGE THOSE GAPS

Initiatives for increasing awareness on diabetes

Any special project/research work related to NCD

Capacity building initiatives

PPP initiatives to counter NCD

Figure1: Broader Framework for Regional Presentation
The objective of this initiative is to bring together leading states/organizations on a common platform for exchanging and sharing learnings and best practices.

It is an opportunity to present the progress made in the last couple of years and share insights on “what works and what doesn’t” by all the stakeholders.

The national NCD Summit is a common platform for sharing the findings from state round tables, thereby initiating a high level dialogue on NCD management initiatives across the country and the way forward in combating these silent killers.
OBJECTIVES AND COMPONENTS

COMPONENTS

TARGET GROUP

• National and State Program Officers identified for best practice & NCD program implementation.

• Chief Medical Officers from selected Public Sector Units (PSUs)

• Experts on key NCDs working closely with public health initiatives on NCD

• Non-Government Organizations (NGOs)

• Private Organizations

COMPONENTS OF THE SUMMIT

• Research and Evidence Collection through three Regional Workshops across India

• Dissemination of the findings at 4th National Summit at Delhi

• Advocacy and Follow up - the summit will be an opportunity to seek views from the national thought leaders as well as public health experts and policy makers on disease management
The course of deliberations and consultations of the previous three National NCD summits have brought forward many examples of effective, efficient and culturally relevant initiatives in diabetes care. Some of them are recapitulated below as they were revisited this year to know the status of their implementation and adoption by any other enterprise.

**First NCD Summit (2013)**

The first NCD summit was commissioned to examine the issues and challenges being faced by the NPCDCS program at national and state levels, and to document best practices across the different states.

**Second NCD Summit (2014)**

This summit reviewed the health system landscape of Public Sector Enterprises (PSEs) on policies related to diabetes management; setting priorities to strengthen existing policies or formulating new ones.

**Third NCD Summit (2015)**

The 2015 summit captured insights to ‘Synergize efforts’ for Diabetes care at the tertiary care level institutions.

Figure 2: A glimpse of first three NCD Summits
Some noted good recommendations/practices that were discussed in the previous summit are being briefed here

• **Expand List of Essential Investigations** - In addition to regular screening, Glycosylated Haemoglobin (HbA1c) Test should be conducted at Community Health Centre (CHC) level, and diabetes management should be done based on HbA1C results.

• **Promoting Inter linkages** - Cross referrals between programs like Revised National Tuberculosis Control Program (RNTCP) and NPCDCS should be encouraged for early and opportunistic detection of cases.

• **Public Private Partnerships** - Reaching out and involving Panchayati Raj Institutions (PRIs), NGOs, Community Based Organizations (CBOs) and professional bodies like Indian Medical Association, Federation of Obstetric and Gynaecological Societies of India (FOGSI) for reaching out to the community for promoting health messages on prevention, screening, early diagnosis, timely and appropriate treatment.

• **Score Card** - Use of a score card for screening in resource limited situations is beneficial to not only employees but organizations as well. It is a numerical index to identify employees at risk of acquiring lifestyle related diseases, target interventions and reduce the morbidity and mortality associated with chronic diseases at workplace.

• **Streamlining of Free Medicines** - While drugs should be available, accessible and affordable at all levels of health system - Primary Health Centre (PHC), CHC, District Hospitals and medical colleges but their supply needs to be streamlined matching with the needs of the patients.

• **Swasth Karamchari Samman Programme** - Healthy employees being rewarded annually for maintaining good health and adopting healthy lifestyle has been a practice followed by many organizations. This Samman (Honour) is for employees who do not claim any medical reimbursement and also do not avail any leave on account of sickness in the previous financial year.

• **Telemedicine** - Building information and communications technology (ICT) platforms like telemedicine, GRAMSAT for areas where there is lack of any skilled manpower and limited opportunities for medical services. Besides, the telemedicine system helps reduce the work load at the secondary and tertiary care centres and also saves the time of patients and doctor, thereby, increasing the overall health delivery efficiency of the centre.

• **Uniform Screening Protocols** - A standardized screening system be developed and made available across different facilities.

• **Wellness Clinics** - These clinics generate awareness on diabetes; provide regular counselling on physical activity, exercise and diet, and also follow-up on diabetes with employees. Their contribution in reducing the burden of disease at the secondary and tertiary level can make a crucial difference.
NCDs are silent killers and are beginning to plague the large percentages of young working force of India and thereby reducing the productivity levels within the organizations and posing a threat to the development of the economy. The varying demography which is the biggest asset of our country may as well become the toughest liability for us and eventually slump down our growth.

A presentation made during this regional roundtable focused on why was the need felt to integrate NPCDCS into NHM. It was shared that Government of India launched NPCDCS Program with two components - (i) Cancer, (ii) Diabetes, Cardiovascular disease, and Stroke. However, it was observed that it needs additional investment in terms of money and time. It was hence thought to align this program with the existing nationwide public health system through NHM for utilizing the existing mechanisms of monitoring & surveillance system, across the levels of care. Further, some of the NCD initiatives being taken up across West Bengal included all pregnant women attending ante-natal care being checked for blood sugar and BP in all the districts of West Bengal; tuberculosis patients being checked for blood sugar at all the treatment centres. Further, screening of eye complications, especially, diabetic retinopathy was initiated with Lions Club in some of the districts depending on the load of patients. One such special project was running in Darjeeling district with additional provision of homeopathy and Yoga for NCD prevention and control. It was stressed that NPCDCS required strengthening in three areas - surveillance, maintaining a routine system and involving the private sector.

Moreover, Western Coal Limited shared SCORE CARD initiative to screen employees for NCDs. Higher the score, lower is the risk of acquiring chronic diseases. This practice was investigated further and is detailed in the pages below.

Besides this, ‘Lifestyle clinic’ of JNM Hospital of West Bengal presented during the Kolkata roundtable has also been included in the Promising practices below.
FACTS

The reported prevalence of blood sugar level >140 mg/dl among adults of 18 years and above is 5.3% in East India\(^7\).

The reported prevalence of high blood pressure (systolic >140 mmHg & diastolic >90 mmHg) among adults of 18 years and above is 30.5% in urban and 22.2% in rural areas of East India\(^7\).

The prevalence of metabolic syndrome is 30% in urban and 8.5% in rural areas of East India\(^7\).

The prevalence of CAD is 0.8% each in urban and rural areas of East India\(^7\).

The reported prevalence of blood sugar level >140 mg/dl among adults of 18 years and above in Kolkata is 23.3%\(^8\).

The reported prevalence of hypertension (systolic >140 mmHg & diastolic >90 mmHg) among adults of 18 years and above in Kolkata is 30.5%\(^8\).

The reported prevalence of disease of respiratory system during last one year in Kolkata is 7.4%\(^8\).

The reported prevalence of disease of cardiovascular system during last one year in Kolkata is 7.8%\(^8\).
The NCD program of the Government of Maharashtra is been implemented in seventeen districts at present. Other than this, MCGM initiated NCD control program at primary health care level in 2011 in 28 dispensaries has gradually expanded its reach to 174 dispensaries, and offers diabetes care and treatment services. The primary role of MCGM is to promote primary prevention among general population as well as high-risk groups and early detection and initiation of treatment to prevent the onset of complications and also reduce the burden of affected population on secondary and tertiary care institutions.

MCGM carries out school health program, workplace interventions at MCGM offices in which school children, employees are educated on healthy eating habits, benefits of exercise and maintaining a balanced lifestyle. As part of the work place intervention, regular check-ups are also done. These are few of the several others initiatives of MCGM in NCD management and control.

Further during the day, experiences from Lokmanya Tilak Municipal General Hospital, also known as Sion hospital were shared. The weekly Sunday camps organized by them earlier used to focus on seasonal illnesses only, but now, blood sugar has been incorporated in the camp testing. Besides, a diabetic OPD is also run and on an average, 20% of their medical OPD consists of diabetic patients. Their good practice includes reference and availability of screening, management and referral under one roof. They also run integrated education programs on physiology and pathology of diabetes. Later, Western Railways shared their E-Procurement initiative for improving the drug supply and reducing costs. Another measure taken up by the Railways comprised of the wellness camps conducted on weekends at workplaces and residential colonies with an objective to improve early detection of diabetes, thereby focusing on wellness and not the illness.
FACTS

The reported prevalence of blood sugar level >140 mg/dl among adults of 18 years and above is **8.4%** in West India\(^7\).

The prevalence of Coronary Artery Disease (CAD) is **2.1%** in urban and **1.2%** in rural areas of West India\(^7\).

The reported prevalence of blood sugar level >140 mg/dl among adults of 18 years and above in Mumbai is **16.5%**\(^8\).

The reported prevalence of hypertension (systolic >140 mmHg & diastolic >90 mmHg) among adults of 18 years and above in Mumbai is **36%**\(^8\).

The reported prevalence of disease of respiratory system during last one year in Mumbai is **10%**\(^8\).

The reported prevalence of disease of cardiovascular system during last one year in Mumbai is **19.5%**\(^8\).
The regional sessions brought forward that thirteen wellness clinics and two polyclinics were operational under the CGHS for health service delivery in Hyderabad. Telangana State Road Transport Corporation also shared their modality of working wherein they provide all latest facilities to their patients like insulin pen and newer medicines. They run preventive programs for their employees like yoga programs and some kind of stress reduction programs too. Also presented was NPCDCS program of Kerala, which started in five districts of Kerala in 2011 and following its success, the state government introduced its own program called as Amrutham Arogyam in the other nine districts of Kerala.
FACTS

The reported prevalence of blood sugar level $>140$ mg/dl among adults of 18 years and above is $12.73\%$ in South India$^\text{(6)}$.

The reported prevalence of high blood pressure (systolic $>140$ mmHg & diastolic $>90$ mmHg) among adults of 18 years and above is $24.18\%$ in South India$^\text{(6)}$.

The prevalence of CAD is $2.9\%$ in urban and $2.5\%$ in rural areas of South India$^\text{(7)}$.

The reported prevalence of blood sugar level $>140$ mg/dl among adults of 18 years and above in Hyderabad is $6.4\%$ $^\text{(8)}$.

The reported prevalence of hypertension (systolic $>140$ mmHg & diastolic $>90$ mmHg) among adults of 18 years and above in Hyderabad is $21\%$ $^\text{(8)}$.

The reported prevalence of disease of respiratory system during last one year in Hyderabad is $5.9\%$ $^\text{(8)}$.

The reported prevalence of disease of cardiovascular system during last one year in Hyderabad is $15.9\%$ $^\text{(8)}$. 
Over 56 million people die every year; of these 38 million deaths occur due to Non-Communicable Diseases (NCD). NCDs are estimated to account for 60% of total deaths in India. Eli Lilly & Company started NCD initiative in four countries including India. The project in India is named as UDAY (a Hindi word meaning ‘uprise’ in English) and is aimed to prevent, detect, reduce the risk of DM & HBP, and to improve the treatment and management of individuals with either conditions by implementing a comprehensive cost effective operational research project in Sonipat and Visakhapatnam. The project is being implemented by a consortium of NGOs, PSI, Public Health Foundation of India (PHFI) & Project Hope (PH).

Under UDAY, persons above 30 years of age at rural and urban sub sites of project locations are screened for DM and HBP by trained health workers and those at risk are referred for further evaluation and management. With the use of various communication modes, UDAY has made over 3 lakh people aware of the risk factors of DM & HBP and has screened more than 1 lakh people so far.

From these regional chapters, few best practices that were shared during the roundtables were identified. To further explore the depth of these NCD management practices, questionnaires were developed to seek out details from respective institutions/persons. Some of these practices have been captured in this document, which can help others in ideating, exploring and emulating such practices for NCD care and management.
CONTROL YOUR DIABETES AND HIGH BLOOD PRESSURE FOR LIFE

30 MINUTES DAILY
During the roundtables, some of these practices showcased a lot of potential. The identified organizations were reached for investigating further details and to establish if these practices held potential of replicability, relevance, convergence and cost-effectiveness. After several rounds of mail and telephonic conversation, three practices were identified as Promising Practices.
Details of these practices have been briefed in this document below, to help others ideate, explore and emulate such practices for NCD care and management.

I. SCORE CARD

A score card helps measure the health status, analyse reports, devise guidelines, follow up and decide on further treatment plan. The scoring system mentioned here gauges health, based on 15 parameters related to physical, physiological and biochemical test results.

How it is implemented

Whenever an employee presents oneself with symptoms related to non-communicable disease, the score card is started and maintained. The employee is encouraged to undergo tests on all the 15 parameters and their initial test scores are captured in the Score card. Thereafter the score card is updated on regular basis; though its frequency depends upon the risk factors and the test reports.

A doctor doing check-up of CIL employees

How it is measured

Normal values receive full score and values depicting health risks score zero. For example, an employee scoring 90, has a lower risk of acquiring chronic disease than another employee who has scored 20.
Initiative of Coal India

Rapid Life Style Changes have brought about a surge in NCDs in all age groups and working population, irrespective of the place of origin, urban or rural.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Range</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>&lt;25</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>25 to 28</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>&lt;28</td>
<td>0</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Normal</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Controlled with drugs</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Uncontrolled/ Newly Diagnosed</td>
<td>0</td>
</tr>
<tr>
<td>Blood Sugar</td>
<td>Normal</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Controlled with drugs</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Uncontrolled/ Newly Diagnosed</td>
<td>0</td>
</tr>
<tr>
<td>Electrocardiography (ECG)/Treadmill exercise testing (TMT)/ Coronary Enzymes</td>
<td>Normal</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Abnormal</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2: A glimpse of Score card showing maximum score against 4 out of the total 15 parameters

Coal India Limited (CIL) as a responsible Maharatna Company takes complete care of the well being of its employees. Since last two decades, CIL had been noticing an increasing trend in NCDs among its employees.

It started a Wellness Clinic to address this concern but it was in 2009 that CIL took massive and concerted efforts to address life style diseases of its employees. The focus was shifted to prevention and a practice of ‘Score Card’ was introduced to quantify the health status of people. This system, being very simple in itself, helped the employees to keep track of their health records and take necessary steps to improve it. Further, in 2015 CIL representatives participated in 2015 regional roundtable (NCD III Summit) at Kolkata where a similar initiative by Gas Authority of India Ltd (GAIL) was presented. This opportunity proved beneficial as the learnings of GAIL were adopted by CIL to suit their needs. From here onwards, the Score Card initiative got a whole new impetus. In its revived form, it was extended not only to the employees and their family members, but also to retired employees and their spouses.

This initiative of CIL is a method to combat NCDs and even reverse them, wherever possible.
Encouraging Results

An in-house study was done by CIL wherein Score cards of 688 employees in the age group of 25-60 was studied over a period of six months from September 2015 to February 2016. The study showed interesting results as the average score was higher in the younger age group but the improvement in score was higher in middle age bracket of 35-50 years.

Challenges faced by CIL in this initiative

CIL continues to use Score Card for all its employees. However, they face certain challenges -

1. Employees not turning up for follow up on schedule date.
2. Employees not undergoing investigations as advised or doing incomplete investigation, disrupting proper evaluation of health index.
3. Not adhering to the life style measures advised e.g. diet, exercise etc.
4. Improper Medication, either totally discontinued or irregular intake.
5. Lack of manpower for documentation.

SCORE CARD HAS SHOWN ENCOURAGING RESULTS. IT HAS SHOWED IMPROVEMENT IN ALL THE AGE GROUPS OF EMPLOYEES FROM AGE 25 YEARS TO 60 YEARS.

Note: For any further information on this practice, please get in touch with Coal India, Kolkata. CIL is an Indian state-controlled coal mining company headquartered in Kolkata, West Bengal, India. With more than 300,000 work forces, CIL provides medical care to its employees and their families even after retirement. The health care system operates through dispensaries at the Unit level, Area and Regional hospitals, Central and Super-speciality hospitals and Wellness clinics.
‘Lifestyle Clinic’ at JNM Hospital, West Bengal University of Health Sciences became so popular that it was approached by not only diabetic patients but also by hypertensive, obese, gestational diabetic patientsetc. This brain child of Professor and Head Dr Suman Kumar Roy was initiated in May 2015 to reduce the work load of weekly diabetic clinic run by the department of general medicine of the hospital by imparting lifestyle intervention to patients attending the diabetic clinic.

All patients attending this weekly clinic are given a diet chart and exercise regimen. The diet chart includes the list of avoidable food stuff and also recommended exercise. Along with this, all these patients are measured for height, weight, blood pressure, Body Mass Index (BMI), Basal Metabolic Rate (BMR) and calorie requirement. This initiative has picked up momentum as the number of patients turning up at the ‘lifestyle clinic’ is increasing day by day.

The clinic is run by the doctors from the Department of Community Medicine of JNM medical college, Kalyani. The clinic runs every Tuesday in the OPD complex of the hospital.

This service is provided free for all patients attending OPD at Kalyani Govt. Medical College. Apart from advice on healthy lifestyle, patients are given basic oral hypoglycaemic agents and insulin free from the hospital.

This is one of its kind activities started by any teaching medical institution in the state of West Bengal and the results are motivating as the load of diabetic OPD has definitely reduced since the start of the lifestyle clinic.

Note: For any further information on this practice, please get in touch with Dr Ritesh Singh, College of Medicine and Jawaharlal Nehru Memorial Hospital, WBUHS, Kalyani
III. NCD CLINIC IN MCGM DISPENSARIES

MCGM started services for detection, treatment and follow up for diabetes in a phased manner. In November 2011, it was started in 28 dispensaries. Currently, it is available in all 174 MCGM dispensaries. A medical officer of a particular dispensary provides services for diabetes and hypertension also in the routine OPD along with other ailments. The services for diabetes are provided on fixed alternate days of the week; the schedule of which is displayed in dispensary. However, some dispensaries provide these services daily based on the patient load of the dispensary. The average OPD load of these dispensaries is about 2000 patients per month, out of which 15% cases are new detections.

Each dispensary is equipped with a glucometer, however 30 out of the total 174 dispensaries are further provisioned with semi auto analysers for performing tests like Creatinine, Cholesterol, Triglycerides, etc. where patients of nearby dispensaries are also referred.

The operational costs of these NCD clinics are borne through routine health budget allocated for dispensaries and NCD Cell.

Dispensary of Municipal Corporation of Greater Mumbai

NCD clinic of MCGM
There has been a steady increase in number of cases detected in dispensaries over the period.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MCGM (Total New &amp; Old Cases)</td>
<td>2917</td>
<td>11855</td>
<td>12582</td>
<td>11447</td>
<td>14989</td>
</tr>
<tr>
<td>MCGM (New Cases only)</td>
<td>1805</td>
<td>5041</td>
<td>5523</td>
<td>5019</td>
<td>5982</td>
</tr>
</tbody>
</table>

Table 3: Number of NCD cases detected in MCGM dispensaries

Further, these dispensaries have tie-ups with other programs such as RNTCP because most of the TB patients are likely to be diabetic and vice-versa. A recent study indicated that 25.3% of Indian TB patients had diabetes\(^{(10)}\). Therefore, there is a referral from RNTCP to diabetic OPD where all MDR TB patients and all Drug Sensitive TB patients above 35 years of age are screened for diabetes. The same process is followed for diabetic patients who have cough, (even if it’s one day old) who are referred to sputum microscopy centre for testing sputum or X ray as per the guidelines of RNTCP.

**TREATMENT PROTOCOL FOR MEDICAL OFFICERS BY MCGM**

Apart from this a unique feature of MCGM dispensaries is the adoption of treatment protocol by all the medical officers while attending patients. All the medical officers of dispensaries are trained on use of these guidelines by experts from endocrine department of the medical college before being posted to a dispensary.

**Note:** For any further information of this practice, please get in touch with NCD Cell, NCD Cell, MCGM, Mumbai
# TREATMENT PROTOCOL

## Patient Selection:
- Patients age >35 years
- Family history of diabetes
- Symptoms of Diabetes
- Patients on protein kinase B (AKT), boils, skin infections
- Patients with h/o immuno-compromised status

## Patient treatment:

<table>
<thead>
<tr>
<th>Category</th>
<th>A*</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-diabetes</td>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Controlled /</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe diabetes</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>/ Diabetes</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>with</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting Blood Sugar</td>
<td>≥100 - 125</td>
<td>≥126 - 199</td>
<td>≥200 - 349</td>
<td>≥350</td>
</tr>
<tr>
<td>(FBS) (mg/dl)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Post Lunch Blood Sugar</td>
<td>≥140 - 199</td>
<td>≥200 - 299</td>
<td>≥300 - 449</td>
<td>≥450</td>
</tr>
<tr>
<td>(PLBS) (mg/dl)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>Lifestyle modification</td>
<td>Lifestyle</td>
<td>Lifestyle</td>
<td>Refer to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>modification</td>
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<td>higher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+ Metformin</td>
<td>+ Metformin +</td>
<td>centre #</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>SU</td>
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</tbody>
</table>

* Creatinine > 1.5, Pregnancy with Diabetes, Type I Diabetes, Patients not controlled in spite of full dose of Metformin or sulfonylurea (SU) or requiring Insulin are also referred to higher centre.

Figure 5: Treatment Protocol for Medical Officers by MCGM

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## REGULAR CHECKUPS

- Blood pressure measurement
- Blood sugar testing
- Finger self-testing
The following mentioned below are some of the emerging practices, which could not be established with detailed information and data. However, they are still being mentioned for the NCD community to seek benefits of these practices. The veracity of information provided below may be checked with the source organization.
FOOT CARE

Year 2015’s NCD Kolkata regional meeting had focused on foot care in Diabetes, which had inspired Bharat Heavy Electricals Limited (BHEL) Kolkata to initiate foot care in their diabetes patients. They started proper examination of foot and treatment of corns, fissures and ulcers; and also educating patients about foot care. Before this there were sound indoor admissions with diabetic foot and uncontrolled diabetes and amputations (over last three years) at BHEL. But the initiation of foot care has drastically reduced the admission of diabetic foot at BHEL Kolkata in the year 2015-16.

MANAGING CARDIAC CARE UNITS

West Bengal under the NPCDCS is successfully implementing Cardiac Care Units (CCUs) at eight district hospitals by providing training of medical officers at tertiary care centres.

E- PROCUREMENT OF MEDICINE

Western Railways introduced e-procurement to improve drug supply and reduce costs. It helped in competitive bidding of the drug supplying companies and in the first year itself, savings of almost 2.18 crores has been made by just implementing the e-procurement system.

WELLNESS CAMPS

To improve early detection and to focus on wellness and not the illness, Western Railways initiated wellness camps on weekends or on holidays at workplaces and residential colonies. Wellness camps are usually outreach activities and are not done in medical institutions. In work places, it is ensured that these camps are conducted during breaks or evenings. As part of the camp, a very basic level of investigation is done by a physician, along with laboratory person to take blood samples, check blood pressure to identify diabetes, hypertension and obesity. A diabetes/NCD educator is also part of the team and around 200 such camps are conducted in a given year.

EAT SEASONAL VEGETABLES AND FRUITS
**UNIQUE ID**

Under the State NCD Programme Kerala Government has introduced unique identification (ID) for patients registered at Sub Centre. This prevents duplicate entry at the PHC and allows patient to receive medicine at any sub centre / PHC. These IDs have been generated by the government’s National Information Centre.

![ID card of a patient registered under NCD programme of Kerala Govt.](image)

**TELEMEDICINE FOR STROKE AND STROKE REGISTRY**

Kerala government has initiated population based stroke registry. Further, in five NPCDCS districts, chronic cardiac units with catheterization labs, geriatric and stroke units were established. For stroke units, the state had collaboration with the institute like Amrita Institute of Medical Sciences situated in Ernakulam. The physicians in the hospitals where stroke units were available after getting the Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) scan done, would refer the scan via the telemedicine unit of the same hospital to the Amrita Institute of Medical Sciences. The neurologists located in the institute would give opinion on the scan and prescribe the treatment for those patients. Thereafter, the treatment would be given by the physicians of the NPCDCS clinics at the district hospitals and thus, patients would be saved in that critical golden hour when they get stroke.

![A telemedicine case study being reviewed by doctors of Amrita Institute of Medical Sciences](image)
INTEGRATING SERVICES

The biggest risk factor of NCD in Kerala is alcohol followed by tobacco. Other reasons include, high rice consumption, lack of exercise and high levels of stress. Kerala government surveyed tobacco and alcohol use in the community utilizing ‘kudumbshree workers’ of National Poverty Eradication Mission. Kudumshree workers were trained on the WHO performa for conducting the survey. With the help of this performa, scoring of persons who were doing substance abuse was done. Based on the score analysis, the persons who got higher score were referred for de-addiction and counselling. The persons who scored less were given counselling. This program was a huge success (though in few districts only) as apart from conducting the survey, workers also imparted health education on the health hazards of tobacco and alcohol.
2016 NCD summit and preceding roundtables owe its success to thought experts Dr AB Biswas, Prof Subhankar Chowdhury, Dr Amir Ullah Khan, Dr Bobby John, Dr Tanveer Kaur, Dr Saktikana Mitra, Dr Sheela Jagtap, Dr Nivedita Moulick, Dr Anil Virdhe, Dr Ramesh Kumar, Dr K. Vidy, Dr Ram Niranjan Sahoo, Dr Shailaja Murthy and many others for their valuable time and presence during the regional roundtables.

We sincerely thank the Ministry of Health and Family Welfare for partnering with us as well as the guidance of Mr Manoj Jhalani during its inception in May 2016.

This whole initiative gathered shape and momentum with the guidance of Dr Damodar Bachani who was very kind to review the White paper and help with its finalisation.

This note of thanks will be incomplete without the mention of Eli Lilly team, especially Dr Indranil Bhattacharya and Mr Kunal Das for supporting this initiative in bringing together experts from various platforms to convene and share practices on NCD care and management.

We sincerely recognise and appreciate the efforts of PSI India as the strategic partner for collating and compiling this body of evidence and data from all the regional consultations. We specially thank Ms Bhavisha Sehgal and Mr Bhaskar Pandya for their nuanced review and relentless support. This would be incomplete without our sincere thanks to Dr Ritu Rana & Ms Deepti Bajaj for putting this report together.
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We are one of the largest organisations in India with 1100 strong hands working in 22 states and Union Territories in India.

2. WHO. Global Status Report on noncommunicable diseases [Internet]. Switzerland; 2014. Available from: http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1


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All the recommendations received from the regional roundtables were analysed and documented in consultation with the experts and participants. The views represented herein are those of the experts and not of PSI or any other summit partner. We believe the manuscript represents valid work. Neither this manuscript nor one with substantially similar content under our authorship has been published or is being considered for publication elsewhere.

We have taken every caution to ensure the accuracy of the content, however in case of any discrepancy, error etc., the same may please be brought to the notice of the authors for appropriate corrections.

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