Connecting the dots
Painting a new picture of health in India

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India – a kaleidoscope in transition

Get introduced to a diverse country that is experiencing rising economic growth, changing demographics and a potentially new role for the corporate sector.

Painting a new picture of health for people with diabetes

Melvin Oscar D’ Souza, general manager, Novo Nordisk India, talks about how Novo Nordisk’s activities are helping to paint a better picture for the 65 million people living with diabetes in India.

Unlocking the potential of partnerships

See how the Changing Diabetes® Barometer, a public-private partnership that involves the creation of specialised Community Diabetes Centres, makes a difference in the state of Bihar.

Through the eyes of a person with diabetes

Meet 48-year-old Baby Naz who faced a number of challenges due to her diabetes and learn how the right counselling helped her overcome them.
A community approach to diabetes care – doorstep delivery

Learn about how an innovative business model provides care to people with diabetes in rural India through training and empowerment of community health workers.

A birthday Ranjith will never forget

Read about the story of Ranjith, a 12-year-old boy with type 1 diabetes whose family was unable to afford his treatment, and how an unexpected birthday present offered a solution.

A ray of hope in India

For people living with haemophilia in India, care and treatment is equally as challenging as diabetes. See how work carried out by the Novo Nordisk Haemophilia Foundation offers new hope for people with bleeding disorders.

The people driving sustainability

Business ethics is our license to operate

Meet sales director Anand Shetty and hear about the challenges of selling insulin in India and how business ethics is a core element in this work.
Painting a new picture of health for people with diabetes

A Rangoli is a folk art in India in which patterns are created in sand or flour at the entrance of a building, just like the one depicted on the cover of this issue. It starts with a series of dots and then a line is drawn that connects them into a picture. Some are quite complex as the number of dots increases, but each time a flawless picture emerges.

The picture for the 65 million people living with diabetes in India is not as flawless. There are many who do not receive the medical attention needed to avoid complications and there are even more who are unaware they have diabetes. There are still many dots that need to be connected for people to live better lives.

Novo Nordisk established offices in India in 1994. As a company, we have been working to raise awareness, improve access to care and address psychosocial aspects of diabetes to improve people’s lives. Medicine has been one of our key contributions, but our many years of diabetes knowledge tells us that more is needed.

To create a better picture of health in India, necessary elements must be in place. Healthcare professionals need training in how to diagnose, treat and educate people with diabetes. Medicine and testing equipment must be accessible. Disease and prevention awareness must be created. Through our activities, Novo Nordisk addresses all these elements, and on top of this we measure and monitor to ensure we know what is working and to continuously improve.

In 2008, we launched a public-private partnership approach to begin connecting the dots already put in place. The Changing Diabetes® Barometer is a partnership between the Novo Nordisk Education Foundation, Steno Diabetes Center and state governments. The three partners each play a role to implement awareness and screening, healthcare and patient education and documenting treatment and care outcomes.

The Changing Diabetes® Barometer partnerships are improving diabetes health in seven states. Our ambition is to expand this to 10 states by 2015.

This issue of TBL Quarterly tells the stories of how we are connecting the dots in India.
We begin with an article introducing macro trends in India and the changing role of business in society. We then put focus on how the Changing Diabetes® Barometer was started and look at the state of Bihar and the creation of specialised Community Diabetes Centres that function as hubs of excellence.

On a yearly basis, millions of people in India fall into poverty due to out-of-pocket medical expenses. In ‘Through the eyes of a person with diabetes’, the story is told of Baby Naz, a 48-year-old housewife in Bihar, and her struggle to receive the care she needs.

‘A community approach to diabetes care – doorstep delivery’ highlights the shortage of healthcare professionals in India and shows how a new social business model provides primary care to people with diabetes in rural areas.

We introduce Ranjith, a cheerful 12-year-old boy living with type 1 diabetes. When he was first diagnosed, his mother was unable to afford the care he needed. Today that is no longer the case.

We also look at a similar picture for people living with haemophilia, where strengthening the understanding of haemophilia and improving access to diagnosis, care and treatment is equally as challenging as diabetes. Here, work carried out by the Novo Nordisk Haemophilia Foundation offers new hope for people with bleeding disorders.

Lastly, we get to a core element in Novo Nordisk’s work in India – business ethics. We ask sales director, Anand Shetty, how he makes certain we behave with impeccable ethics in all our relationships with doctors, nurses, authorities and people with diabetes.

In India, we are more than 1,100 dedicated employees. We still have many dots to connect and we will continue to work in partnership and with integrity until we have created a new picture of health in India.

Melvin Oscar D’souza
General Manager, Novo Nordisk India

PS. Learn more about how our activities create value to the Indian society and our business in the new Blueprint for Change case study ‘Developing partnerships to change diabetes in India’
Home to more than 1.2 billion people, thousands of ethnic groups, hundreds of different languages and a variety of religious beliefs and practices, India is a kaleidoscope of cultures, often described as a continent within a single country. At the same time, India is a country in transition experiencing rapid economic growth, changing demographics – and a potentially new role for the corporate sector.

Economic liberalisation in the early 1990s served to accelerate India’s growth. Since 2002, the country has experienced an average annual gross domestic product increase of 10%\(^1\). By 2030, India is expected to have one of the world’s largest economies\(^2\).

This development has benefitted millions of Indians, but also resulted in rising income inequality. According to the Organisation for Economic Cooperation and Development (OECD), inequality in earnings has doubled in India over the last two decades, making India the worst performer of all emerging economies. The top 10% of India’s wage earners now make 12 times more than the bottom 10%, up from a ratio of six in the early 1990s\(^3\).

Today, a generational shift is also underway in India with a third of the Indian population under 15 and more than half under 24 years old. The Indian youth shows both hope and willingness to create a better future for themselves and for India, but also expresses growing concerns about lack of employment opportunities and insufficient provision of basic public services for all\(^4\).

At the same time, the younger generation represents a move away from traditional ways of living towards more individualistic values and Western lifestyles, not least due to an increased number of Indians leaving behind rural life to seek opportunities in urban areas. In the next 25 years, some 300 million Indians will be moving to cities, almost doubling the urban population\(^5\).

**The flipside of development**

But rising incomes levels and lifestyle changes also have a downside. Where a growing economy normally leads to improved public health, such as a decrease in communicable diseases like tuberculosis, polio and malaria, it also entails a rise in non-communicable diseases like diabetes.

This is particularly apparent in urban settings where rising wealth is associated with more sedentary lifestyles and a changing diet. For example, research shows that in the first decade after moving to a city, Indian men have 11% higher body fat percentage than those that stayed in rural settings\(^6\). This presents a big challenge to India and a considerable burden on the health system which traditionally has been focusing on treating communicable diseases.

Health concerns are just one example of the challenges facing Indian society. Economic development has also paved the way for mounting environmental degradation such as air and water pollution. This adds to the existing problems that India faces with widespread poverty with an estimated 400 million people living below the poverty line\(^7\).

With the number of challenges rising, so does the realisation that all issues cannot be solved by the government alone. It requires the involvement of other actors in society, notably the private sector.

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The changing role of business in society
In recent years, the role of corporate India and its contribution to society has been hotly debated. Historically, Indian companies’ approach to corporate social responsibility (CSR) has been dominated by large domestic businesses, such as Tata, Godrej and Birla. These large companies and their foundations, address social issues in local communities. But going forward, more Indian companies are expected to take on increased responsibility to tackle the country’s social and environmental challenges.

This year, India has become the first country in the world to pass CSR legislation mandating that companies give 2% of their net profits to CSR activities as part of the New Companies Act. The law will apply to both domestic and foreign companies in India and cover about 8,000 Indian companies, which would equate nearly USD 2 billion annually.

The new rules specify which CSR activities that can be undertaken by a company, and this includes efforts towards eradicating hunger, poverty and malnutrition, promoting preventative health care and making available safe drinking water. A cornerstone in the new legislation is that companies must ensure that their CSR expenditures should be clearly distinguished from activities that are undertaken in pursuance of normal course of business.

A step in the right direction?
Critics, who support the notion that CSR should be an integral part of business rather than philanthropy, however argue that this is not the smartest way to tackle India’s societal issues.

According to Chhavi Ghuliani, Manager, Partnership Development and Research at sustainability consultancy BSR, the New Companies Act does hold the risk that “Indian companies will equate CSR with corporate philanthropy rather than considering CSR as a holistic view of the impacts business has on society and the environment through its operations”. However, at the same time he believes it holds great potential and “should be hailed as a positive step forward in ensuring that business contributes to equitable and sustainable economic development”.

A notion which is shared by Professor Utkarsh Majmudar and Namrata Rana in a recent article in CSRwire where the authors consider the new legislation an exciting opportunity for companies “to do more of the right things.”

In Novo Nordisk India, general manager Melvin Oscar D’souza welcomes the New Companies Act: “Novo Nordisk India already complies with the new legislation by funding the activities of the Novo Nordisk Education Foundation. We also take a strategic approach to our CSR activities that are linked to our business operations,” he says.

How the new legislation will play out in practice across different companies and industries in India is yet to be seen. However, one thing seems certain – with companies operating in a country as diverse as India, the approach will take many different shades and forms.

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Unlocking the potential of partnerships

In India, the Changing Diabetes® Barometer is a public-private partnership between Novo Nordisk, Steno Diabetes Center and state governments. Together, the partners are making care more accessible to people with diabetes in India – and achieving more than anyone could accomplish on its own.

With 103 million residents, Bihar is one of the most populous states in India. It is also one of the poorest with an average annual per-capita income of USD 443, less than one third of India’s national average.

The delivery of healthcare in India is the responsibility of the state government. Not surprisingly, the government of Bihar stretches to provide basic health services to many people. “The government of Bihar had to take care of communicable diseases and maternal and child health to improve health indicators defined in the Millennium Developmental Goals,” says Biranchi Narayan Jena, project manager, Novo Nordisk India, referring to the eight international development goals set up by the United Nations in 2000. “That made allocation of state resources for non-communicable diseases like diabetes a challenge.”

However, with the current transition to a rise in non-communicable diseases that India is facing, the state of Bihar is looking towards a future where diabetes will increase at alarming rates impacting people’s quality of life and putting pressure on the healthcare system. So something had to be done.

Novo Nordisk was one of the first healthcare companies to offer diabetes care in India in 1982. For many years, Novo Nordisk mainly served the private healthcare market which is the dominant system in India where eight out of 10 doctors work and most patients seek treatment. However, the private system leads to high out-of-pocket health expenditures for the patient which limits many from access to quality care.

So by improving the quality and availability of public healthcare, more people with diabetes could benefit, and Novo Nordisk was eager to leverage the knowledge they had gained in the private market in the public sector.

But Novo Nordisk knew that they would not be able to take on this task on their own. They would need to partner with other actors in society to reach as many people as possible.

That’s the beauty of a partnership: When one entity can’t do it all, others are ready to lend complementary resources. An important first step was made with the initiation of the Changing Diabetes® Barometer.

A holistic approach
Tackling diabetes requires a 360 degree perspective. First of all, diabetes awareness and early detection are fundamental for improving population health. However, in India the general population’s knowledge about diabetes is low, for example a study found that in Chennai 25% of residents had never heard of the condition. And awareness and diagnosis make up only part of the equation for improving people’s health. If accessible and affordable treatment and counseling aren’t readily available, then the societal burden of diabetes cannot be resolved.

That’s where the Changing Diabetes® Barometer can make a difference. Through partnerships between the Novo Nordisk Education Foundation (NNEF), Steno Diabetes Center and state governments, the Barometer takes a multifaceted approach to a complex problem.

The Barometer addresses the need for awareness and diagnosis through public events, screening camps, and mobile clinics. Beyond these activities, it also provides access to specialised diabetes care through Community Diabetes Centres, builds capacity by training healthcare professionals, and develops registries that inform public-policy efforts.

The first state to implement the Barometer was Goa where Novo Nordisk signed a memorandum of understanding with the state government in 2008. A few years after, in 2011, the state of Bihar followed suit agreeing to participate in the project.

1 For more information, see http://www.un.org/millenniumgoals/
4 Novo Nordisk Education Foundation (NNEF) is a non-profit organisation established by Novo Nordisk India in 1998.
5 Steno Diabetes Center is a world leading institution within diabetes care and prevention owned by Novo Nordisk A/S.
Learnings from Bihar

A pilot in Bihar involved the establishment of Community Diabetes Centres in Patna, Bhagalpur, and Nalanda. Under the plan, NNEF staffed the centres; Steno Diabetes Center trained healthcare professionals to diagnose, treat, and manage diabetes; and the state government provided space in a public hospital to house the clinic (see “Community Diabetes Centres: hubs of excellence” page 10).

During the pilot, nearly 150,000 people were screened at 357 camps in the first phase. This effort established a baseline: Diabetes prevalence was 11.6%, including 3,990 new cases. Among those who knew they had diabetes, 59% had uncontrolled disease⁶.

The fact that uncontrolled diabetes was rampant in the pilot districts suggests that the capacity of public health officials was inadequate. In training 37 doctors and other healthcare professionals in practical diabetology, Steno helped to build capabilities to fight the epidemic. Apart from the training through Steno, a capability development programme was also organised locally to improve the diabetes management skills among 382 selected healthcare professionals.

“The result was phenomenal,” says Biranchi. “More and more people with diabetes were taking benefit from the implementation of the fixed day clinic. People expressed their gratitude to NNEF and the doctors there.”

Success stories from the Community Diabetes Centres led the government to step up support for the effort. “The government is now asking us to extend the centres to the remaining districts in Bihar,” says Biranchi. “The project was able to generate the required information on the state of diabetes in Bihar to initiate evidence-based action.”

Since then, another 41 centres have been established together with the state government, and another 59 are in the works. To date more than 250,000 people have been screened and around 10,000 are now registered in the Community Diabetes Centres for focused care.

The next challenge is to move beyond diagnosis and keep people healthy. Follow-up with patients to ensure adherence to treatment requires an ongoing effort. To that end, Bihar signed a memorandum of understanding with NNEF in November 2013 to train 300 Accredited Social Health Activists (ASHAs) in the basics of diabetes care (see page 14). The ASHAs work at the community level and refer patients to the specialised centres when necessary.

Beyond outcomes

Part of the government’s role is to compile data from the Community Diabetes Centres for the creation of a diabetes registry. “Without data and a registry, the fight against diabetes is driven in the dark,” says Biranchi. “Measuring outcomes for comparison is key to improvements in diagnosis and management and the development of appropriate strategies.”

Putting focus into the fight against a disease as widespread as diabetes is important in a country where resources are scarce and efforts had been incongruent, he adds. “It allows doctors, people with diabetes and other stakeholders to integrate the data and learn what works under which conditions.”

Connecting the dots between quality of care, reduction of diabetes complications, and socioeconomic benefits is the catalyst for focus. Based on outcomes from the pilot, it is estimated that a broader programme could avert 1.76 million cases of secondary complications of diabetes across the state. Currently, 8.4 million people in Bihar are believed to live with secondary complications⁶.

Community Diabetes Centres: hubs of excellence

The centerpiece of the Changing Diabetes® Barometer approach in India is the creation of specialised Community Diabetes Centres. These centres are knowledge hubs specialising in diabetes care. They bridge the gaps between awareness, diagnosis, and treatment through a holistic approach to diabetes management.

Three Barometer partners share responsibilities: Novo Nordisk Education Foundation (NNEF) is responsible for promoting awareness and diagnosis. NNEF staffs each centre with associates who provide screenings, counselling on self-management skills, and medical care to support initiation of insulin therapy. NNEF also provides patient-education materials, a podiatry kit to each clinic and a cold storage chain for insulin when needed.

Steno Diabetes Center builds capacity by training healthcare professionals. To date, it has trained nearly 2,000 healthcare professionals in basic diabetes care and management. It also organises conferences to share knowledge and education.

State governments provide access to infrastructure, locating clinics within public health facilities and encouraging healthcare professionals to participate. Governments also buy insulin and oral antidiabetic drugs, compile data from screenings, and use the data to develop population-based diabetes control strategies.

When the whole is greater than the sum of its parts

Partnerships are vital for creating scalable solutions and results that are far more valuable than the sum of each contributor’s parts. By pooling resources and capabilities, the Barometer extends the reach of quality care to people with diabetes. Since 2008, a total of seven states have joined the Changing Diabetes® Barometer (see map below).

Partnerships also hold potential to create a ripple effect of value. By training healthcare workers and expanding capacity, the Barometer strives to improve India’s public healthcare infrastructure. Greater healthcare professional capacity creates stronger links between primary care and specialised diabetes treatment centres, enabling better access to quality care.

Finally, a public-private partnership puts diabetes squarely on the government agenda. In many developing countries, governments are only able to insure basic health coverage – quality of life is a dividend. Putting the diabetes pandemic on par with other major health threats may allow millions of people in India to live with diabetes – not suffer from diabetes.

Want to know more about the Changing Diabetes® Barometer? Read more in the Blueprint for Change case study 'Developing partnerships to change diabetes in India'.
People with diabetes in India face a number of challenges in understanding their diabetes and manage their self-care. A little education, though, goes a long way toward empowering a person.

Baby Naz doesn’t have time for illness to slow her down. A 48-year-old housewife in the Indian state of Bihar, Baby Naz has a husband and five adult or college-age children to support. All seven live together in a little third-floor apartment. For Baby Naz, shopping, cooking, cleaning make up only the beginning of a long list of daily responsibilities.

So when Baby Naz began feeling lethargic two years ago, she did what many women in her village of Mainpura do: she visited the local ayurvedic doctor. He diagnosed her diabetes and sent her home with an ayurvedic regimen. Bitter gourds, cinnamon powder, fenugreek seeds – these are the diabetic medicines of ayurveda, along with advice to avoid sugary foods.

For two months, she followed the doctor’s instruction. By then, she was feeling better. Figuring she was cured, Baby Naz dropped the regimen, stopped seeing her doctor, and went on with her life.

Then, last June, she felt weak again. This time, her husband took her to the nearest public hospital.
According to DAWN2™, the largest ever global study to explore the attitudes, wishes and needs of people with diabetes, their family members and the healthcare professionals who care for them across 17 countries, less than one third of healthcare professionals in India believe their healthcare system is well organised to manage chronic conditions.

“There are so many programmes under the health department: maternal and child care, vaccinations, prevention of communicable and waterborne disease outbreaks,” says Dr. Neelam J. Patel, chief district health officer of the Ahmedabad District in the state of Gujarat. “Because of their burden, there is not that much attention given to non-communicable diseases. The willingness is there, but there is no time.”

Money is scarce, too. Health spending accounts for 1.3% of India’s gross domestic product – less than a fourth of the world average.

**Turn of events**

At the New Gardiener Road, NNEF counselors test the blood sugar of people with diabetes and teach them the basics about diet, exercise, and diabetes care and self-management. It sounds so elementary, but that’s the state of need in India. Even among healthcare professionals who treat diabetes, one out of four at the primary care level has no postgraduate training in diabetes care. They don’t know what they don’t know – and DAWN2™ data back that up. Only 66% of people with diabetes who receive care in India said that someone on their healthcare team had measured their long-term blood sugar control level within the last 12 months.

NNEF counselors screened Baby Naz for fasting and postglucose blood sugar. In both cases, her numbers indicated uncontrolled diabetes. Baby Naz received counselling on her condition, educational materials, a report card, and an identification card that enables her to free professional services at the Community Diabetes Centre. She was referred to Dr. Manoj Kumar Sinha, a consultant at the centre, for follow-up.

Days like this could be a lifesaving turn of events for people like Baby Naz, whose family scratches out a living on her husband’s modest income as a tailor. Private healthcare services in India are expensive, and many public hospitals don’t have the expertise or the medicines to help people with diabetes stay healthy.

In those cases, people often are referred to hospitals far from home – a journey that, for many, is either unaffordable or impractical. For them, their diabetes only gets worse.

Getting sicker wasn’t what Baby Naz envisioned for herself or her family. Always active in her children’s lives, she ensured that they received a good education and a chance for success. Now, diabetes threatened to change all that – and Baby Naz became deeply depressed about her situation. She knew others with diabetes who weren’t getting better. Would she become one of them?

Her fears are common in India, where 52% of patients in DAWN2™ reported being “highly distressed” about their diabetes. Information can wash away fear, and DAWN2™ suggests a vast need in India for simple education about how to manage diabetes and recognise signs of complications. Across populations studied in DAWN2™, people in India with diabetes are less likely than the mean to monitor their blood sugar or get a foot examination.

**Look at her now**

The good news is that Baby Naz took the counselling she got at the Community Diabetes Centre to heart. Today, her diabetes is under control. Moreover, the words she uses to describe her diabetes suggest that she understands her disease and how to manage it:

*blood sugar, exercise, food/diet, self-care, control, progress, healthy, and peace of mind.* This is a woman who feels empowered.

She’s not without her challenges. Though her visits to the centre are free, it’s not always easy for Baby Naz to pay for her medications on her family’s tight income. She also admits that, sometimes, diet and exercise can be difficult. Still, she stays adherent because she knows the importance of doing so.

Baby Naz talks a lot about her care and encourages her friends with diabetes to use the centre. Comforted by a wide support network, she praises the NNEF screening team for “taking so much care it feels as if my own sons are helping me.”

India needs to create an environment for people with diabetes to be in control like Baby Naz. A healthy society is a win for everyone.

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3 For more information, visit http://www.dawnstudy.com/dawn2/dawn2.asp
Diabetes in India: a paradox

DAWN™ is the largest ever global study to explore the attitudes, wishes and needs of people with diabetes, their family members and the healthcare professionals who care for them across 17 countries. Paradoxically, India ranks at or near the top – and bottom – in several categories. When it comes to family support, for instance, India was ranked best (97%) and 3rd when it comes to quality of life. But 59% of people with diabetes said their diabetes interfered with their ability to live a normal life, relegating India to 14th place in the survey. When it comes to participation in educational programmes, India ranks last.

1st of 17 countries
How supportive have your family been in helping you. (% reporting ‘somewhat’ or ‘very’ supportive)

82% 97%

3rd of 17 countries
% reporting ‘poor’/‘very poor’ quality of life

13% 11%

14th of 17 countries
‘My diabetes medication routine interferes with my ability to live a normal life’ (% who ‘mainly’ or ‘fully’ agree)

38% 59%

17th of 17 countries
% participating in any diabetes educational programmes/activities

59% 23%

For more information, visit http://www.dawnstudy.com/dawn2/dawn2.asp

Learn more about how Novo Nordisk and partners work to improve patient education in the new Blueprint for Change case study ‘Developing partnerships to change diabetes in India’.
A community approach to diabetes care – doorstep delivery

Rural India faces an acute shortage of healthcare professionals. In an innovative initiative called ‘Addressing the Base of the Pyramid (BoP)’, Novo Nordisk teamed with community partners to bring diabetes services closer to people in the remote areas while supporting health-activists’ microbusiness. This initiative is now integrated with the Changing Diabetes® Barometer programme in the state of Bihar to increase the outreach.

Sangeeta Devi sits on the dusty ground outside a small, rural home. In front of her sits a middle-aged woman, whom Sangeeta asks a series of questions. The woman complains of feeling tired. Sangeeta takes out a glucometer and tests the woman’s blood sugar.

Sangeeta is an Accredited Social Health Activist (ASHA) in Sampatchak, a town of 112,000 people in the east Indian state of Bihar. In a country with a severe shortage of healthcare professionals, ASHA is a pillar of the National Rural Health Mission’s strategy for improving the proximity and affordability of basic healthcare services in rural India. Armed with knowledge and a supply kit, people like Sangeeta bring hope and healing to millions of Indians who still struggle with fundamental public health issues and infectious diseases nearly forgotten in the West.

1 Novo Nordisk’s Base of the Pyramid (BoP) initiative provides access to insulin and quality diabetes care to the working poor in a scalable, sustainable and profitable way. Local health authorities and partners are currently implementing BoP projects in Ghana, India, Kenya and Nigeria.
2 National Rural Health Mission was launched by the Indian government in 2005 to provide accessible, affordable and quality health care to the rural population. For more information see: http://nrhm.gov.in/nhm/nrhm.html
Those problems command the focus of India’s health system. As such, few ASHAs have the skills to address non-communicable diseases such as diabetes. To improve ASHAs’ capabilities and the health of the communities they work in, Novo Nordisk piloted the Base of the Pyramid initiative in Sampatchak and trained 32 ASHAs in basic diabetes knowledge and counselling.

The initiative proved so successful that it has been integrated with the Changing Diabetes® Barometer programme of Novo Nordisk Education Foundation (NNEF)3. NNEF has recently signed a memorandum of understanding with the Bihar state health society to train 300 more ASHAs in the basics of diabetes care who will be deployed at 10 primary care diabetes centres in the state.

According to Deepa Sinha, another ASHA worker in Bihar, “this will help diabetes patients from my village get good care closer to their home,” she says. “They can get easy access to diabetes care, for which currently they have to travel far.”

Scarce resources
In India, there is less than one doctor for every 1,000 people – less than half the global average4. In some primary care clinics, a doctor might see between 20 and 100 patients a day, depending on the season.

Overwhelmed by such conditions as malaria, leprosy, tuberculosis, and HIV, “manpower is low for handling diabetes,” says Dr. Rebha Krishori, medical officer at a primary care centre in Dahod, Gujarat.

Not only is there too few doctors, many remote primary care centres struggle with too few drugs. Some don’t have insulin, forcing them to refer people with uncontrolled diabetes to a hospital, often far away. That compounds the problem; patients who can’t afford to travel or take time off of work either settle for suboptimal care locally or take a risk of buying counterfeit drugs in the open market.

And then there is too little awareness. “We run a diabetes outpatient department every Saturday. The challenge is that patients with diabetes are not coming for treatment,” says Rebha. “If a dedicated person could follow up with these patients, we would be able to provide them with quality care – just like with tuberculosis and malaria. The ASHA workers can play a big role in increasing awareness of diabetes.”

Meet the ASHA
Appropriately, asha means ‘hope’ in Sanskrit. The ASHA is a link between the public health system and the community, and often is the first point of contact in underserved populations. Selected from their own villages, ASHAs are women between the age of 25 and 45, literate and with some formal education. They promote and deliver immunisations, make referrals for maternal health, and teach patients about nutrition, sanitation, and self-care techniques.

They bring basic medications to people’s doorsteps to help them keep healthy.

Each ASHA has responsibility for 1,000 people. “She knows every household in the village and can be effective aid in creating awareness on diabetes,” says Dr. Bharathi Bhatt, Senior Medical Advisor, Novo Nordisk India.

But ASHAs themselves face several barriers to promoting better awareness of diabetes, treatment, and complications, according to Bharathi. They are often inadequately compensated, reducing their incentives to mobilise the patients as best as possible.

They are perceived as maternal health and vaccine providers. Their lack of training in non-communicable diseases perpetuates misconceptions about their competence. “But with the right training and empowerment, ASHA workers can be agents for change,” says Bharathi.

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3 Novo Nordisk Education Foundation (NNEF) is a non-profit organisation established by Novo Nordisk India in 1998.
Base of the Pyramid pilot
In March 2013, Novo Nordisk implemented the BoP pilot based on the concept of social entrepreneurship. As part of this initiative, training to 32 ASHAs to improve their diabetes care skills and economic support in the form of starter kits were provided.

Novo Nordisk India’s medical advisor taught ASHAs about types of diabetes, complications, how to recognise signs and symptoms and monitoring of blood glucose levels. ASHAs were trained to handle glucometers, counsel patients on diet and exercise, and on insulin storage and injection techniques.

Classroom sessions concluded with a written test. To combat questions about ASHAs’ competence and to provide them with future employment opportunities, ASHAs who passed the test successfully received certificates as ‘lay diabetes facilitators’.

An ASHA carries her new skills into the village. There, she promotes healthy lifestyles, refers people at risk of diabetes to a primary care diabetes centre for screening, and motivates patients to stay adherent to treatment and to visit clinics regularly – not just when they experience symptoms.

“This not only helps with early detection but also helps to reduce complications and early deaths due to diabetes,” says Bharathi. “ASHAs can also provide tips on insulin storage and hypoglycaemia management. They can play a very important role in de-centralising diabetes care to grass-root levels.”

Each starter kit provided to the ASHA comprised of one glucometer and 50 strips. The ASHAs charged a small fee (30–40 rupees, roughly USD 0.5) for the blood glucose test, thus earning some money in the process.

The entrepreneurial aspect was invaluable to Sangeeta. When her husband was injured on the job and unable to work, Sangeeta became trained as an ASHA. With her children’s tuition bills mounting,
Sangeeta’s compensation however wasn’t enough. The diabetes training she received through the Novo Nordisk pilot empowered her to develop a new client base, supplementing her income while improving the health of the community.

The programme created value for more than just Sangeeta and her family. Overall, surveys of ASHAs’ performance indicate a 25% decrease in fasting blood glucose in the patient population of the newly trained ASHAs, and a significant increase in patients’ knowledge of diabetes.

Those outcomes have caught the attention of health authorities in Bihar, resulting in the memorandum of understanding with the state health society. In the next phase of the programme, NNEF will train 300 additional ASHAs from 10 primary care diabetes centres as lay diabetes facilitators, while the state health society will provide them with incentives, glucometers and its ancillaries. If the programme is deemed effective, it will be scaled up to all 42 centres in Bihar and have the potential to reach a large number of people living with diabetes in rural India.

The project has also raised eyebrows in the industry. It scooped the ‘Pharmaceutical Market Excellence Award’ in 2013, for its innovative excellence in the provision of patient and home-care services.

“A diabetes-free Bihar”
Awards are nice, but what matters most is on the frontlines – where the impact is felt. The difference she can make in the community isn’t lost on Deepa, who was among the ASHAs certified in the pilot.

“I now know some tips that I can tell people with diabetes, like the role of healthy diet, exercise, regular medication and monitoring,” she says. “I hope to achieve a diabetes-free Bihar and, consequently, a diabetes-free India.”
Many life-changing events in Ranjith’s life can be associated with his birthday, 15 April. From despair to hope, Ranjith has experienced more in his first 12 years than most people do in a lifetime with an uncanny knack to occur on or very near to his birthday. This is the story of Ranjith, his ability to retain his cheerful nature and his victory over type 1 diabetes.

For the casual observer, Ranjith is a cheerful and active 12-year-old living in Bangalore, India. Like many Indian boys his age, he plays cricket and hopes to become a police officer when he grows up. His favourite subjects are Math and English and he earns top marks in all his subjects. But if you take a closer look into the life of Ranjith, it becomes apparent that his life is vastly different from his peers. He has overcome challenges most adults would find overwhelming, challenges that have life-threatening consequences.

At the time of his ninth birthday, Ranjith’s life was not that different from that shared by many children living in impoverished families in urban India. He lives alone with his mother in Shivajinagar, an area in the heart of Bangalore known as ‘mini India’ for its cultural diversity. A local temple provided a room for the family of two, giving them marginal access to water, electricity and sanitation services. His mother was earning just enough doing daily labour work to provide for the two of them. Within a month after turning nine, all this would change.

In early May 2011, just after his ninth birthday, Ranjith suffered what is known as Diabetic Ketoacidosis, a potentially life-threatening complication in patients with type 1 diabetes and often the first symptom of previously undiagnosed type 1 diabetes. He received immediate medical attention and was told he needed to start insulin therapy and keep an eye on his blood sugar levels to avoid further health complications. But Ranjith’s mother was unable to afford this medical treatment. Luckily, thanks to the support of neighbours and good

A birthday Ranjith will never forget

Ranjith has type 1 diabetes and is registered in the Changing Diabetes® in Children programme
Samaritans, she was able to get a sporadic supply of insulin, but the more costly blood glucose testing strips were out of the question.

**An unexpected birthday present**

For a year after his diagnosis, Ranjith and his mother tried to follow the daily requirements to keep him in good health. Though every effort was taken, without blood glucose testing and having to rely on an irregular supply of insulin, Ranjith’s health began to suffer. He was admitted to a public hospital where he spent three weeks recovering from the effects of spiking blood sugar levels.

Ranjith spent his 10th birthday in the hospital. It turned out to be a birthday present.

During his hospitalisation, one of the attending doctors got to know Ranjith and the challenges he and his mother were facing. The doctor had heard about a new programme that was created to help children with type 1 diabetes coming from economically underprivileged families. Ranjith was referred to the local Bangalore Diabetes Hospital clinic and on 10 May 2012, he was officially registered in Novo Nordisk’s Changing Diabetes® in Children programme.

Novo Nordisk established the Changing Diabetes® in Children programme in 2009 to improve access to care for children with type 1 diabetes and address the fourth United Nations Millennium Development Goal to reduce child mortality. The programme is running in nine low- and middle-income countries: Bangladesh, India, Cameroon, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Tanzania and Uganda.

**Every child with diabetes deserves health**

The Changing Diabetes® in Children programme was initiated in India in September 2011 to deliver comprehensive diabetes care for children with type 1 diabetes whose families are unable to afford it. At the programme’s clinics, children like Ranjith and their families are provided with free insulin, free blood glucose monitoring and other needed diagnostic tests.

The clinic’s first objective is access to proper medication, monitoring, diagnostics and consulting but doctors and nurses are also on hand to educate the children and the parents on how to ensure a healthy life with diabetes. In the nearly three years that the programme has been running, 21 Changing Diabetes® in Children clinics have opened up throughout India and more than 4,000 children have been enrolled. As the programme has developed, an increasingly holistic approach to type 1 diabetes treatment has evolved. Children and their families enrolling in the programme today would be offered regular diabetes motivational camps to help children tackle psychosocial issues, child specific patient education tools and counselling for parents to help them support their children with diabetes treatment. Additionally, diabetes education workshops are conducted for school teachers to ensure they are part of the support network.

To further expand quality healthcare to children with diabetes across India, the Changing Diabetes® in Children clinics incorporate healthcare professional training into the programme. The ongoing training enhances the skills and capabilities of doctors and nurses to improve diagnosis and treatment both within and outside of the clinics. So far, 1,668 doctors and 687 paramedical staff have received training.

**Many more birthdays to come**

When he started in the clinic as a 10-year-old, blood tests showed that Ranjith’s glucose levels were far too high. The result alerted doctors of the need to take immediate actions. A high blood sugar level can damage blood vessels and small nerves leading to long-term health complications.

Today, Ranjith studies at St. Alousius Government High School and has continued to maintain an A+ average in all his subjects. His health has improved tremendously. His last two tests showed a steady return to normal blood glucose levels. Having overcome some adult-sized challenges, Ranjith is ready for the next step, his 13th birthday and his teenage years.
A ray of hope in India

In India, only 10% of people with haemophilia are diagnosed. Those with a diagnosis are not receiving adequate care. When not treated properly, this bleeding disorder can lead to disability, life-long pain, stigmatisation and early death. The Novo Nordisk Haemophilia Foundation (NNHF) takes a two pillar approach to improving haemophilia care in India, focusing on capacity building within the medical community and empowerment of patients, their families and social environment.

The NNHF project ‘Identification, Diagnosis, Education and Empowerment for Action of people with bleeding disorders in South India’ – one of NNHF’s six projects in India - embraces both these pillars.

Shreesha Krishna is 18 years old and from Dakshina Kannada, a coastal district in Karnataka, India. Those who know him describe him as motivated, empowered and happy. He is about to embark on a Bachelor degree in business and commerce.

Four years ago, things looked quite different for Shreesha. The death of both parents within a short space of time left Shreesha responsible for raising his younger sister. Although diagnosed with severe Factor VIII deficiency as a young child, there was no longer anyone to take Shreesha to and from hospital to receive regular care and treatment.

It was through the NNHF India project that Dr. Annamma Kurien got to know Shreesha. After a severe bleeding, he was referred by his nearest government hospital to Dr. Kurien’s team, as they had heard about the NNHF project she led and knew they could provide the care he needed. Recalling their first meeting, Dr. Kurien describes Shreesha as “humble, lonely and in need of care. But we could see something special in him – in spite of his shyness, he was dignified and we found out he was doing very well in school. One of my team members told me ‘this boy is going to be a star’.”

Shreesha Krishna (left) receives his scholarship funded through the NNHF project and supported by Save One Life

1 Factor VIII is an essential blood-clotting protein. Defects in its production result in haemophilia A
Bringing Shreesha into contact with the project’s network was key to ensuring he received the care he needed. He began visiting the team more often, having realised the importance of receiving adequate care. In April 2014 Shreesha attended an Asha Kiran (Ray of Hope) camp. These annual camps, funded by the NNHF project since 2012, teach patients and their families not to be afraid of the social stigma of haemophilia and learn how to cope with the condition in everyday life. They teach physical therapy to protect joints and occupational therapy to promote self-reliance.

An ambassador for others
At this camp, Shreesha stood out due to his natural leadership qualities. Dr. Kurien’s team are now supporting Shreesha to develop these skills further, so that he can act as an ambassador for other young people living with haemophilia.

Two years on, the difference in Shreesha is remarkable. His business and commerce degree – which he is able to undertake due to a scholarship funded by the NNHF project and managed by Save One Life2 – will enable him to pursue his dream of ensuring a better future for him and his sister.

Shreesha is one of 16 students to benefit from such a scholarship, and one of hundreds who have been empowered through the Asha Kiran camps.

In addition, others like Shreesha who live in remote areas, will benefit from the outreach visits being undertaken through this project. To date, project team member Nurse Sulochana has contributed to the training of over 1,500 community workers to identify and care for people with haemophilia in their homes. On top of this, 730 healthcare professionals have been trained including 16 laboratory technicians, to ensure people with haemophilia receive an accurate diagnosis.

For their dedication, passion and commitment to the project – as well as the impressive results achieved so far – Dr. Kurien and her team were awarded the NNHF Project of the Year Award 2014. “We are proud and very happy to see so many newly engaged healthcare professionals taking an active role in haemophilia care, and people with haemophilia empowered to follow their vision of living a better life with their new knowledge and care support,” said Dr. Kurien upon receiving the award.

About NNHF
The Novo Nordisk Haemophilia Foundation (NNHF) was set up in 2005 with the vision that all people with haemophilia or allied bleeding disorders should receive care and treatment wherever they live. The first NNHF development programme in India began in 2009. Five years on, six projects have been started in the country – five of which are currently running, whilst one project and one fundraised activity have been completed. For information about NNHF programmes in India, visit www.nnhf.org

Facts about haemophilia in India

- India’s population, the second largest in the world, is 70% rural. The percentage of the population living in poverty has declined in recent decades, but differences persist between and within regions. National and state governments are committed to expanding coverage of health services to excluded populations. However, most of the healthcare providers are private and there is currently limited government provision for people with haemophilia.
- The basic care offered means that there are some government medical colleges where a person with haemophilia can go to receive treatment in case of an emergency. Cases of incorrect administration of treatment are common due to the inexperience of healthcare professionals.
- The centres offering comprehensive care in the region are very few and situated in the big cities. Some of the states also offer genetic testing and counselling.
What are the challenges of selling insulin and improving diabetes care in a country as diverse as India? Why are business ethics always at the centre of this work? According to Anand Shetty, Novo Nordisk’s sales director in India, it is what makes being a sales representative one of the most rewarding jobs you can have. Anand is responsible for a sales force of 800 people throughout India.

What is your background?
I am a Graduate with an Executive MBA from ALBA Graduate Business School at the American College of Greece. I have 23 years of experience in sales and business development and more than 11 years in Novo Nordisk.

How is working in sales in India different from other markets?
First of all, the sheer size and diversity of India makes it a challenging country to operate in. Also, India is an out-of-pocket market1 and it is a challenge for sales representatives every day with every prescription. The clinics that they visit are very busy and there is competition from many generic brands with nine companies in total marketing insulin in India. In general, a sales job in India is less preferred than many other jobs in the industry, and sales representatives change jobs and companies very often. The standard attrition rate in the pharmaceutical industry is around 25% and although the number is lower for Novo Nordisk, it always presents a challenge.

Given the size of the country and the number of people with diabetes, how do you and the sales team take a ‘patient-centred’ approach?
We use different approaches to offer better care for people with diabetes. An important aspect is to spread awareness of diabetes. For example on World Diabetes Day, 14 November 2013, we reached close to 100,000 people through more than 360 activities by organising diabetes walks and setting up educational programmes with diabetes associations. Another example is our work under the Changing Diabetes® Barometer, where Novo Nordisk India has signed a memorandum of understanding with seven state governments to improve outreach to people without proper access to diabetes medicine and care which has resulted in close to 500,000 people being screened for diabetes.

What has been your most valuable contribution to improving diabetes care in India?
For more than a decade, I have been driving Continuous Medical Education activities for healthcare professionals through our 800 large field force thereby helping people with diabetes get the best medicine and care. We also help these people by ensuring availability of Novo Nordisk products in around 350,000 pharmacies across the country. Besides this, I have been part of the journey introducing every new Novo Nordisk product in India in the last 11 years.

What has been your greatest challenge?
The biggest challenge we face is affordability, when people with diabetes cannot afford better medicine and care and there are limited resources from the government to address this. Although we see some interest and support from a few state governments in recent years, there will be no major change unless the central government comes out with fully pledged plan on this.

1 In an out-of-pocket market the patient has to pay outlays of cash directly to the healthcare provider or for the medicine. In some countries, these costs may later be reimbursed, which for the majority is not the case in India.
And what does Novo Nordisk do to address the challenge of affordability?
At Novo Nordisk, we offer a full range of products from human insulin vials to our newest products. In this way, healthcare professionals have the option to match the right product to the right patient based on need and affordability. In addition, Novo Nordisk India is offering free insulin and care to more than 4,000 children with type 1 diabetes under the Changing Diabetes® in Children programme.

What are the top three things every Novo Nordisk sales employee in India needs to keep in mind?
Firstly, when six out of 10 people with diabetes in India are using Novo Nordisk insulin, it also means that expectations from stakeholders are very high and every sales representative is accountable for what he or she does. Secondly, every prescription is important to strengthen our leadership in the market, so he or she should be on their toes against competition. Thirdly, they must always keep in mind that business ethics is our license to operate.

How do you and the sales teams ensure business ethics is at the centre of behaviour?
We ensure that people in sales are adequately and repeatedly trained and understand what business ethics means. Management is responsible for training all sales teams by speaking about real-life situations faced and potential risks involved in every challenge. For example, reported business ethics cases of other companies – both nationally and internationally - are shared and discussed to show how the smallest issue by one employee can have a major negative impact globally.

Could you give an example of a business ethics challenge that you have faced and how you tackled it?
Our job involves repeated interaction with our stakeholders, including healthcare professionals, and obviously we come across many business ethics challenges. For example, sometimes healthcare professionals ask if they can bring their spouses to scientific events organised by Novo Nordisk, but in line with our business ethics policy we politely inform them that this not possible. Since many other companies allow spouse attendance, initially it was difficult for us to explain this. However, I must say that now they have understood our stand and in fact they respect us even more as a company due to this!

India is a known to have a high degree of corruption – what role can business play to change this?
Corruption is an issue which is prevalent in most countries, however, things are changing in India. Businesses as well as the general public are realising the importance of ethical conduct and businesses can play a big role in impacting corruption levels. First, I believe that change needs to begin internally. Stringent business ethics policies as well as intensive training for employees have helped embed an ethical culture at Novo Nordisk India. We also need to take a stance at an industry level. We collaborate with the Organisation of Pharmaceutical Producers of India (OPPI) where our general manager is chair of the Business Ethics Committee. Together with external stakeholders we can work towards a ‘cleaner’ business environment.

How has the situation changed over the years?
We see that the local law on business ethics has changed a lot over the years and has become more rigorous every time. So it is important for me to reiterate how crucial it is that everyone understands that business ethics is our licence to operate – and that business ethics must be discussed and practised from top to bottom. There is no way that it can be compromised.

Is there one piece of advice you would give to someone looking to work in sales at Novo Nordisk?
I would say that a sales job in Novo Nordisk is one of the most rewarding jobs. They are the privileged group who are making a direct contribution in changing diabetes care. The job satisfaction is tremendous and it keeps you motivated. Sales people are ambassadors of the company in each state and territory across the country.
Headquartered in Denmark, Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. The company also has leading positions within haemophilia care, growth hormone therapy and hormone replacement therapy. We believe that a healthy economy, environment and society are fundamental to long-term value creation. This is why we manage our business in accordance with the Triple Bottom Line business principle and consider the financial, environmental and social impact of our business decisions.

2014 marks the 10-year anniversary of the Triple Bottom Line in Novo Nordisk. In 2004, Novo Nordisk’s shareholders voted to amend the company’s Articles of Association to make the Triple Bottom Line an integral part of Novo Nordisk’s objectives.