PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION

A report on
Network Analysis of NCD stakeholders in India

"Who is shaping policy and program decisions related to NCDs in India?"

ABBREVIATIONS

NCD	Non-Communicable Disease
FSSAI	Food Safety and Standards Authority of India
PSU	Public Sector Undertaking
UNDP	United Nations Development Nations
IIHMR	Indian Institute of Health Management Research
IHBAS	Institute of Human Behaviour & Allied Sciences
ILBS	Institute of Liver and Biliary Sciences
INCLEN	International Child Epidemiology Network
NCDIR	National Centre for Disease Informatics and Research
NHSRC	National Health Systems Resource Centre
NIMHANS	National Institute of Mental Health and Neuro-Sciences
TMH	Tata Memorial Hospital
CARE	Cooperative for Assistance and Relief Everywhere
PHFI	Public Health Foundation of India

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Chapter 1: Introduction

1.1 Introduction

Non-communicable disease (NCD) burden is rapidly surpassing the burden of communicable diseases in India, indicating a rapid change in the nation's health. To address this demand, several stakeholders play key roles and their networks influence the policy and program decision-making processes in India. However, there is limited knowledge about their position in the NCD landscape. PPHF conducted the stakeholder network mapping exercise, to bridge the knowledge gap, and develop a better understanding of the complex and inter-connected diverse network of stakeholders for the prevention and control of NCDs.

This exercise was administered using Net-Map[1]; a participatory interview tool that combines social network analysis, stakeholder mapping, and power mapping. The tool is intended to help visualize and understand situations in which several and different actors influence particular outcomes.

Net-Map allows stakeholders to examine not only the formal interactions in a network but also informal interactions that cannot be understood by merely reviewing documents concerning the formal policymaking procedures. This interaction will foster our understanding of key opportunities and challenges to improve NCD-related programs in India.

[1] Net-Map Toolbox http://netmap.wordpress.com/about/

1.2 Objective

The Stakeholder and Influence Network Mapping exercise was to understand the relevant stakeholders for NCDs, their network and influence on decision-making processes in India. This is intended to support development and uptake of efficient and influencial research strategies.

The exercise aimed to address specific objectives towards understanding the exchange of information, funding, advocacy and program implementation to engage in, or influence policy and program decisions for NCDs in India.

Chapter 2: Methodology and Facilitation

2.1 Methodology

The Net-Map exercise was held on 28 November 2022, at IBIS Hotel, Aerocity New Delhi, India. The participants included thought leaders from the field of NCDs in India having comprehensive knowledge and experience in the sector. The discussion focused on the overarching question of "Who is shaping policy and program decisions related to NCDs in India?" The relevant stakeholders were identified and listed on the map by the participants. These were individuals or institutions crucial to NCDs- related program decisions.

2.2 Key Questions

The objective of the exercise was to understand:

✦ Who plays a role in shaping NCD policy and program decisions, across sectors, in India?

✦ Who is advocating for whom? Who is providing technical information to whom?

✦ How strongly can each actor influence the shaping of NCD policy and program decisions in India?

✦ What is the level of active support for NCD each actor has, over other competing priorities?

2.3 Categorization of stakeholders and briefing on the Net-mapping process

Prior to this exercise, stakeholders were identified and categorized into five groups: Government/United Nations (UN) (Yellow), Research Organization (Violet), Development Partners (Pink), Network & Alliances (Green), andPharma and Device Companies (Orange).

The facilitator briefed the participants about the purpose and process of this exercise. The participants then identified and mapped the key actors shaping NCD policy and decision-making processes in India. Annexure 1 shows the complete list of actors identified in the Net-Map exercise. Participants listed the institutions and individuals that play a role, explained why they were crucial to decision-making and the methods with which they engaged in the network. The exercise was meant to assess the degree of influence each stakeholder has in the decision-making in the NCD-related policy and programs in the country.

Exhibit 2: Participants identifying and mapping key actors

2.4 Setting up the Mapping Exercise

The participants listed institutions or individuals that played a role and explained their importance. They specified how they engaged in the network, and assessed the degree of influence each has in the network. The discussion focused specifically on the use of technical information, funding, advocacy and program implementation as a means of engaging in or influencing policy and program decisions in NCDs.

Exhibit 3: Combined map of actors and their linkages

Chapter 3: Framing the analysis

3.1 Data analysis

The data of this Net-Map group exercise was compiled in Microsoft Excel and analyzed using Visualizer2, a social network analysis tool. The results reflect the opinions and perceptions of a key group of NCD-focused individuals based on their knowledge, experience, and wisdom and should not be considered as the complete conclusive and representative views of various NCD stakeholders. The discussion was summarised to identify insights related to the experiences in policy and program decisions.

3.2 Findings

The actors identified by the participants are represented by each circle on the map, and the links related to technical information, funding, and advocacy and program implementation are shown by the lines connecting the actors. The size of the circle for each actor on the map depicts their current potential influence in relation to shaping policy and program decisions about NCDs in India. The links connecting actors in the illustration have directions (i.e., the relation between two actors can be understood by looking at the direction of the arrow that connects them). There are uni-directional and bi-directional relations in this map.

The discussion apprised the participants with the current scenario and added to their existing knowledge about the subject. The results of this exercise are to be viewed as a glimpse of the important and commonly perceived interactions and roles in the network, rather than a decisive complete map of all the stakeholders and their links.

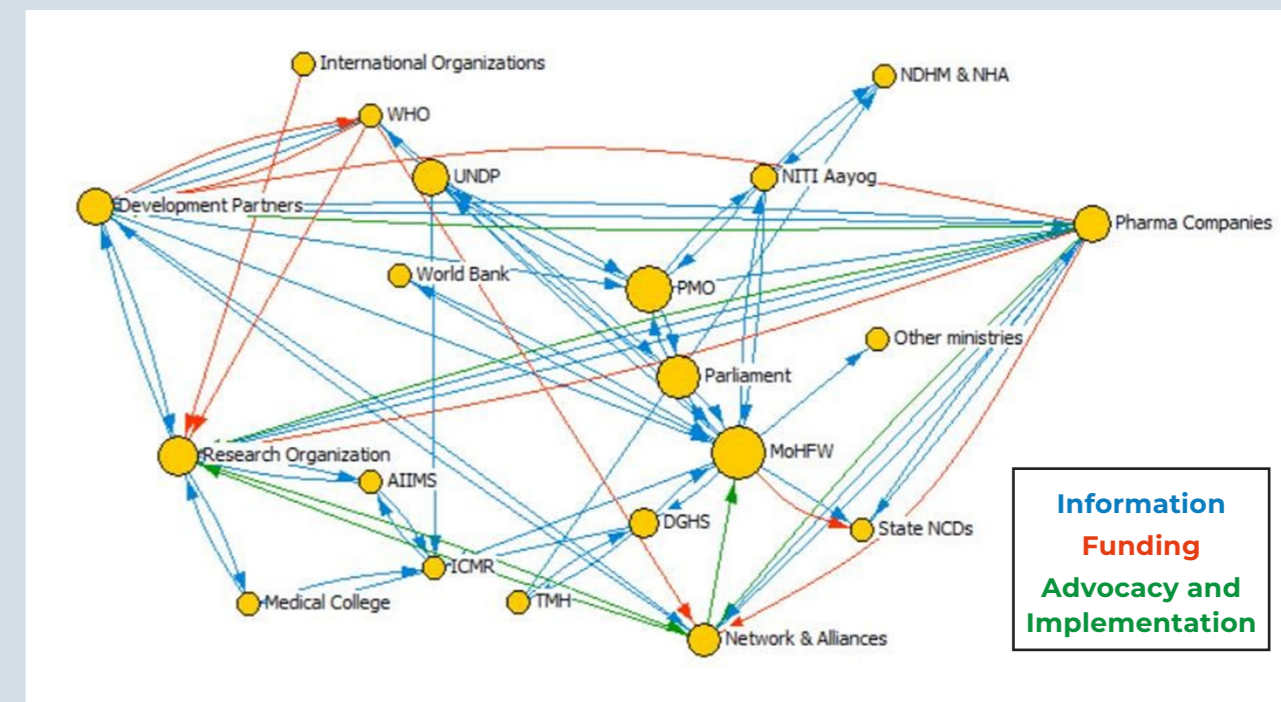Exhibit 4: Graph indicating links among identified actors

Exhibit 5: Net-Map developed by the participants

This Net-Map highlights key stakeholders and groups of who impact and influence NCD policy and decision-making processes in India. The study divided the stakeholders into four layers according to their influence on decision making.

(a) First layer of Influence

Exhibit 5 depicts the to-and-fro links of the actors in the stakeholder's landscape. The key players with the maximum linkages included Ministry of Health and Family Welfare (MoHFW), Parliament, NITI Aayog, the Prime Minister's Office (PMO), and the State Health Departments. The network of NCD actors in India is dominated by a few organizations that largely receive information from others in the network. **The Ministry of Health and Family Welfare was seen as one with the highest information-receiving agency with 16 links** (Exhibit 4). The difference in the in-links and out-links for the MoHFW, with 7 in-links and 9 out- links, showcases that the exchange of sources is substantially balanced. They are actively working on the formulation of the policy and its implementation. There is a need for better advocacy around the issue of NCD among policymakers and public.

(b) Second layer of Influence

The second layer of influence consists of research organizations including the Indian Council of Medical Research (ICMR) & the National Centre for Disease Informatics and Research (NCDIR) and some UN agencies. ICMR was observed as the strongest research-generating organization linked directly to the central layers. It is working closely with AIIMS and the Technical Support Unit, UNDP in facilitating NCD research activities. Technical evidence plays a greater role in influencing policy decisions, but there appears to be a substantial disconnect between research-generating organizations, policymakers, and program implementors.

Participants identified some key research evidence – generating organizations, which included, the All-India Institute of Medical Sciences (AIIMS), Tata Memorial Hospital, and the Post Graduate Institute of Medical Education and Research (PGIMER) to name a few. The
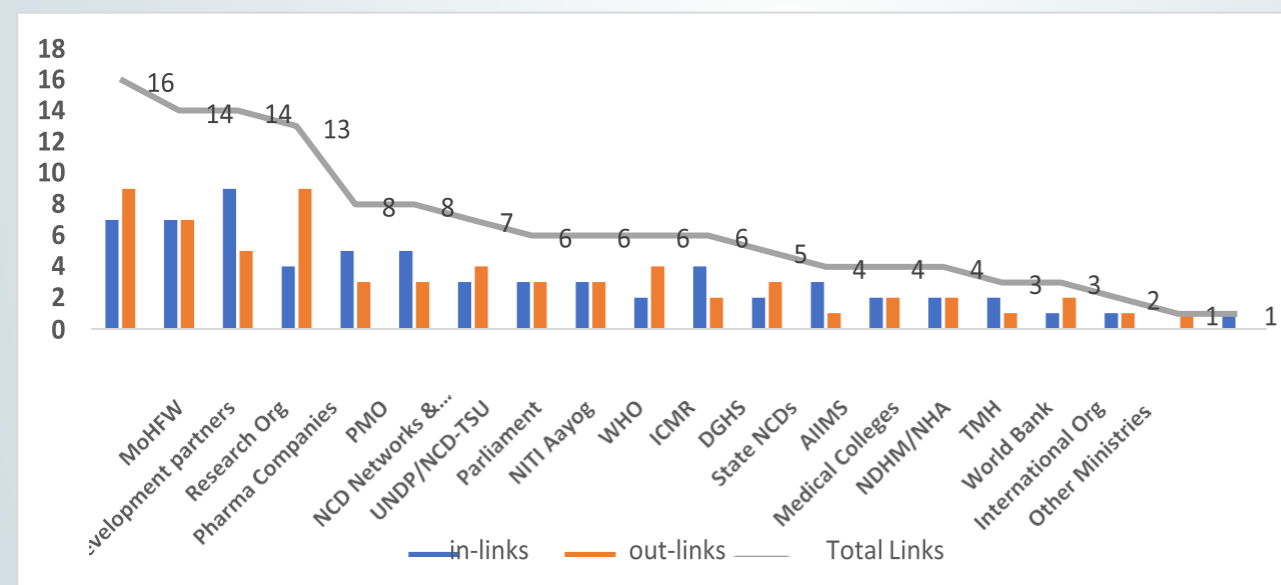
participants thought that these research organizations are strongly creating space for themselves through high-quality evidence generation. Rising concern over mental health was also brought to the table by emerging stakeholders.

UNDP was observed as a player in advocating and providing technical information to organizations and government bodies. It is working closely with MoHFW to provide technical support for its initiatives aimed at the prevention and awareness of NCDs. Other agencies like WHO and World Bank, were also identified as key players exchanging information and funding.

(c) Third layer of Influence

The third layer of influence included Development partners, NCD Alliance, and the Pharma Companies. Pharma and Device Companies were identified as a group and participants agreed that they need to be looked at together trying to advocate for better programs and policies in NCDs, sometimes directly to the government but mostly through groups like the Confederation of Indian Industry (CII), The Federation of Indian Chambers of Commerce & Industry (FICCI), US-India CEO Forum, Organisation of Pharmaceutical Producers of India (OPPI), etc. **It was a common observation that development partners and industry bodies played a critical role in influencing policy and programs.**

(d) Fourth layer of Influence

The fourth layer included the categories of key government bodies and key Indian professional bodies. Participants highlighted that the National Health System Research Centre (NHSRC) as an active organization, focusing its technical and capacity support agency in the NCD space. Patient advocacy groups were seen as an emerging player in advocating ground realities, however since their role wasn't seen as influential in the current landscape, they were clubbed as Civil Society and kept on the periphery.

The NCD networks currently consists of some key stakeholders who are very supportive of the NCD agenda but have low levels of influence. Participants emphasized on the importance of public-private partnership and convergence between the different stakeholders for more impactful influence on policy processes and program implementation. Given that there are multiple and diverse voices involved, the participants suggested that targeting the national-level decision-makers on this issue and developing harmonized messages are essential.
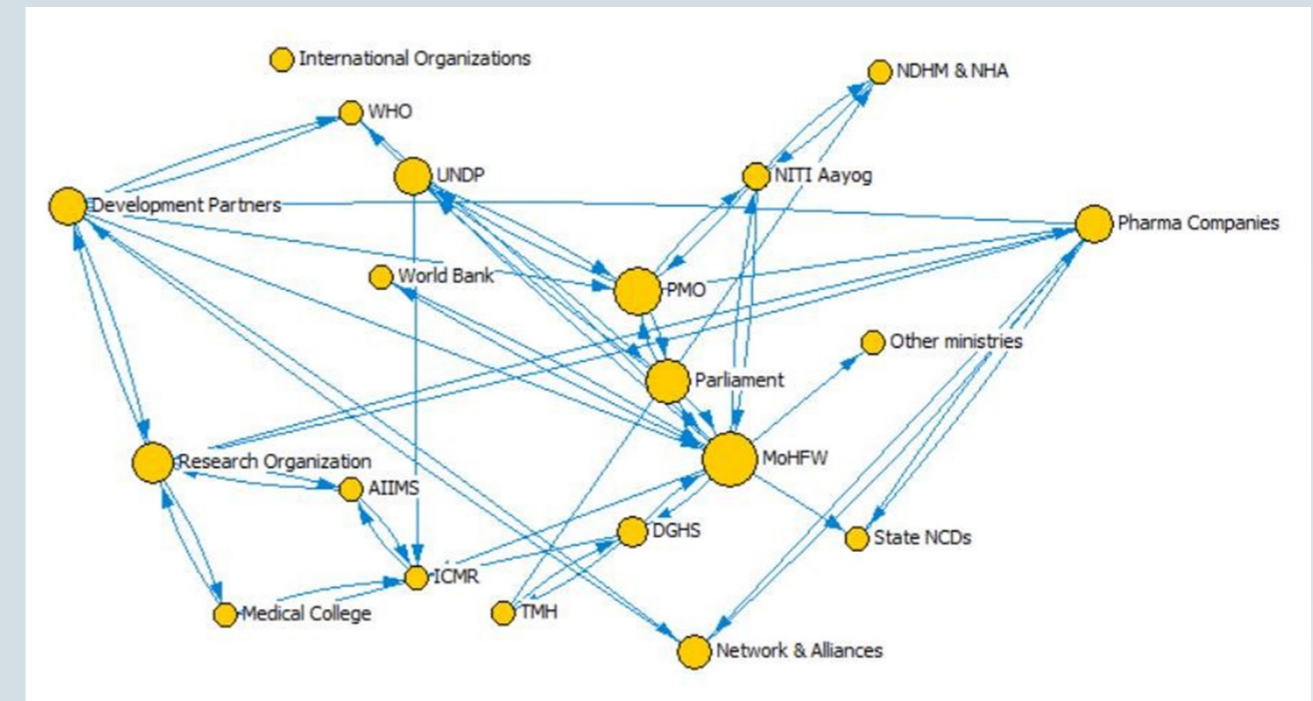
Information

Exhibit 6: Information Net-Map

The Net-Map of Information links and flow indicate that MoHFW and PMO are the dominant recipients of the information. Among the other stakeholders, NGOs, research organizations, and pharma and device companies are also stakeholders with a significant number of information links in the NCD Network in India. Participants observed the dissemination of information from the central layer to peripheral layers through Directorate General of Health Services (DGHS).

The DGHS acts as an important connecting link between MoHFW, ICMR, state NCD forum in the flow of information. Participants discussed about the growing contribution of health tech start ups towards generating information through a rigorous research and development.
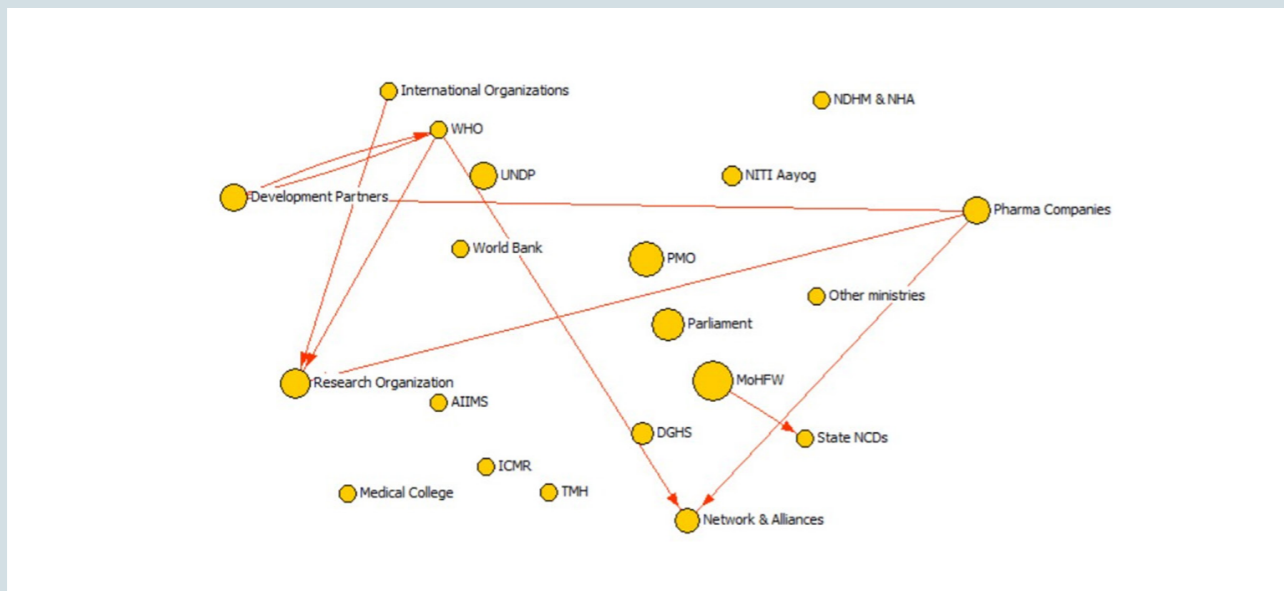
Funding

Exhibit 7: Funding Net-Map

Exhibit 7 showcases the funding links in the Net-Map. It was a common observation of the participants that funding remains a concern area. Maximum funds come from the Finance Ministry to MoHFW, and released to the States. WHO and International organizations were identified as key funding sources. Pharma companies were seen providing funds to development partners and NCD networks and alliances. Academic and research institutions were observed receiving funds from agencies like the WHO for NCD- related research. **Despite this, the low number of links in the funding landscape showcased the absence of adequate funding.**
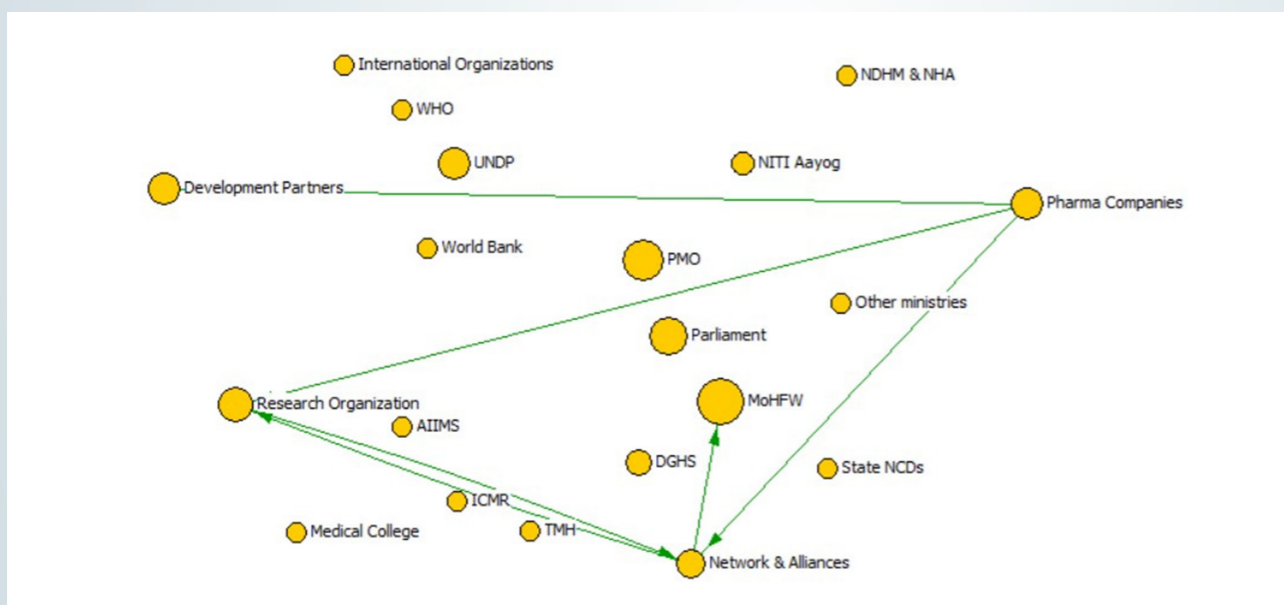
Advocacy and Implementation

Exhibit 8: Advocacy and Implementation Net-Map

Exhibit 8 depicts poor advocacy links related to NCDs. Pharma and device companies emerged as strong advocates, given their role in supporting policies and programs in NCDs. These were followed by various networks and alliances including IDLC, ADA, and some research organizations. Very few links were seen from the MoHFW, NITI Aayog, and State Health Ministries/Departments.

Attributes of Influence

All the layers and groups of organizations were power mapped by the participants. This included giving power towers - a minimum of 0 and a maximum of 10 ratings; based on support for the NCD policy and program issues in the country. This was key in defining the powerful influence of the organization in shaping the policy and program. Some key organizations like MoHFW, PMO, Parliament, NITI Aayog, and State Health Ministries/Departments were given the maximum power rating. In Exhibit 1, the size of the organization circles represents these power tower ratings. Annexure 2 depicts the degree of support each stakeholder was thought to have for NCD-related policies and programs and the degree of relative influence over shaping NCD-related decisions. The support level showcases the support that the stakeholder was perceived to have for NCDs in the states.

The following categories describe the stakeholders according to their support and influence levels:

Influential and Very Supportive: MoHFW, PMO, Parliament, NITI Aayog, and State Health Departments fall in this category and are extremely influential and also very supportive of pushing the agenda of NCDs at different fronts.

Moderately Influential and Very Supportive: UNDP, ICMR, and other research organizations emerged as highly supportive but less influential as compared to the ministries for the NCD agenda in India.

Influential and Supportive: The World Bank, WHO, NGOs, Pharma and Device Companies and Network & Alliances emerged as supportive but less influential as compared to the ministries and research organizations for the NCD agenda in India.

3.4 Conclusion

The NCD Net-Map indicates that a few actors had many links while most had few, and not all were connected. Mapping of information flow showed that highly influential actors were receiving information but are not always accessible to the other NCD stakeholders. The mapping of information is very strong within selected stakeholders whereas the funding and advocacy links are very limited. Considering the magnitude of NCDs in India, key donors should prioritize their funding for NCDs. Participants also highlighted the need for research organizations to facilitate collaboration and evidence-based advocacy further influencing NCD policy and decision-making processes in India.

The map showed a sizeable disconnect between key actors to shape the NCD agenda in the country who could be mobilized and engaged to work collectively and collaboratively for better NCD policies and programs in India.

The output of this exercise provides an understanding of interdependency and power relations across the three parameters. It provided an assessment of the impacts of these relations among stakeholder groups. This information can be used to suggest networks of improved governance at diverse scales (i.e., international, national, regional and local) and on different levels (e.g. community, policymakers, practitioners) at different stages of adaptation such as at the planning, strategizing and implementation levels.

Acknowledgement

Annexure 1: Actors identified in the Net-Map Exercise listed into five groups

Group 1: Government/United Nations (UN)

S. No.	Organization Name
1	Armed Forces Medical Services
2	Central Government Health Scheme (CGHS)
3	Directorate General of Health Services (DGHS)
4	Employees' State Insurance
5	e-sanjeevini Teleconsultation
6	Food Safety and Standards Authority of India (FSSAI)
7	Global Coordination Mechanism on NCDs
8	Insurance Companies
9	International Finance Corporation
10	International Organisations
11	Ministry of AYUSH
12	Ministry of Commerce and Industry
13	Ministry of Health and Family Welfare (MoHFW)
14	Ministry of Railways
15	Ministry of Social Justice and Empowerment
16	Municipality Corporation
17	National Digital Health Mission (NDHM)
18	National Health Authority
19	NITI Aayog
20	Parliament
21	Prime Minister Office (PMO)
22	Public Sector Units (PSUs)
23	State non-communicable diseases (NCD) cell/State Health Ministry
24	United Nations Development Nations (UNDP)
25	World Bank
26	World Health Organization (WHO)

Group 2: Research Organizations

S. No.	Organization Name
27	All India Institute of Medical Sciences (AIIMS)
28	Centre for Chronic Disease Control (CCDC)
29	Centre for Mental Health Law & Policy (CMHLP)
30	Christian Medical College CMC Vellore
31	Dr. Mohan's, Chennai
32	Food Safety and Standards Authority of India (FSSAI)
33	Health Tech Assess
34	India Development and Relief Fund (IDRF)
35	Indian Council for Medical Research (ICMR)
36	Indian Institute of Health Management Research (IIHMR)
37	Institute of Human Behaviour & Allied Sciences (IHBAS)
38	Institute of Liver and Biliary Sciences (ILBS)
39	International Agency for Research on Cancer
40	International Child Epidemiology Network (INCLEN)
41	IQVIA
42	Kidwai Memorial Institute of Oncology
43	King George's Medical College (KGMC), Lucknow
44	Medical Colleges
45	National Centre for Disease Control (NCDC)
46	National Centre for Disease Informatics and Research (NCDIR)
47	National Health Systems Resource Centre NHSRC
48	National Institute of Health and Family Welfare (NIHFW)
49	National Institute of Mental Health and Neuro-Sciences (NIMHANS)
50	National Institute of Nutrition (NIN)
51	Postgraduate Institute of Medical Education and Research (PGIMER)
52	SANGATH
53	Schizophrenia Research Foundation (SCARF)
54	St. Johns Medical College, Bangalore
55	Tata Memorial Hospital (TMH), Mumbai

Group 3: Development Partners

S. No.	Organization Name
56	ABT Associates
57	CanSupport
58	Clinton Health Access Initiative (CHAI)
59	Cooperative for Assistance and Relief Everywhere (CARE), India
60	Doctors Without Borders/Médecins Sans Frontières (MSF)
61	Friends of Max Cancer
62	Global Health Advocacy Incubator (GHAI)
63	HCL Foundation
64	Helpage India
65	HRIDAY- Student Health Action Network (SHAN)
66	Indian Cancer Society
67	John Snow India Private Limited (JSI)
68	Johns Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO)
69	Mamta Health Institute for Mother and Child
70	Partnership to Fight Chronic Disease in India (PFCD)
71	People to People Health Foundation (PPHF)
72	PIRAMAL Foundation
73	Population Services International (PSI)
74	Program for Appropriate Technology in Health (PATH)
75	Public Health Foundation of India (PHFI)& Centre for Control of Chronic Diseases (CCCD)

76	Resolve to Save Lives (RTSL)
77	Right to Information (RTI)
78	Sir Ratan Tata Trusts
79	The Hans Foundation (THF)
80	The Union
81	Wadhwani Initiative for Sustainable Healthcare (WISH Foundation)

Group 4: Networks and Alliances

S. No.	Organization Name
82	American Diabetes Association (ADA)
83	American Heart Association (AHA)
84	Association of Physicians of India
85	Cardiological Society of India (CSI)
86	Center for Disease Control and Prevention (CDC)
87	Diabetes India
88	Federation of Indian Chambers of Commerce and Industry (FICCI)
89	Federation of Obstetric and Gynaecological Societies of India (FOGSI)
90	Heartcare Foundation of India
91	Indian Academy of Pediatrics (IAP)
92	Indian Association for Physiotherapist
93	Indian Association for Preventive/Social Medicine (IAPSM)
94	Indian Association of Dermatologists, Venereologists and Leprologists (IADVL)
95	Indian Council for Diabetes Care (ICDC)
96	Indian Dental Association (IDA)
97	Indian Medical Association (IMA)
98	Indian Public Health Association (IPHA)
99	Indian Stroke Association
100	International Diabetes Federation (IDF)
101	Medical Council of India
102	NATHEALTH Federation India
103	Neurological Society of India (NSI)
104	Non-Communicable Disease (NCD) Alliance
105	Patient Advocacy Groups
106	Research Society for the Study of Diabetes in India (RSSDI)
107	World Diabetes Foundation
108	World Heart Federation
109	World NCD Federation
110	World Stroke Organization

Group 5: Pharma & Device Companies

S. No.	Organization Name
111	Apollo Healthcare
112	AstraZeneca (AZ)
113	BD (Becton, Dickinson and Company)
114	Biocon
115	Boston Scientific
116	Cadila
117	CARING Analytics platform-AI
118	Cipla
119	Dr. Lal Path Labs
120	Dr. Reddy's Laboratories
121	Eli Lilly
122	Emcure Pharmaceuticals
123	GE Healthcare
124	Johnson & Johnson (J&J)
125	Lupin Limited
126	MAX Healthcare
127	Medtel Healthcare
128	Medtronic Foundation
129	Merck
130	Merck Sharp & Dohme (MSD)
131	Meril
132	Narayana Hrudayalaya Ltd (NH)
133	Novartis
134	Novo Nordisk
135	PFIZER
136	Philips
137	Piramal
138	Qure.AI
139	Roche
140	Sahajanand Medical Technologies
141	Sanofi
142	Siemens Aktiengesellschaft -AI
143	Sun Pharmaceutical Industries Ltd.
144	Tricog
145	UE lifesciences

Annexure 2: Support and Influence Levels

Stakeholders	Height of Tower	Relative Influence	Support Level
NITI Aayog	9	0.9	Very supportive
MoHFW	10	1	Very supportive
WHO	4	0.4	Supportive
UNDP	7	0.7	Very supportive
ICMR	7	0.7	Very supportive
Network & Alliances	6	0.6	Supportive
Pharma Companies	5	0.5	Supportive
Development Partners	7	0.7	Very supportive
Research Organizations	8	0.8	Very supportive

About People to People Health Foundation (PPHF)

We are a global health non-profit organization working towards transforming lives for improved health and wellbeing through locally-driven solutions. We have worked in more than 20 states of India with an aim to build the skills of health care providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

1) Non-Communicable Diseases

2) Women, Adolescent and Child health

3) Nutrition

4) Infectious diseases

5) Environmental Health

6) Emergency Health and Disaster Response

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices. Drawing on our experiences and recognizing the unique needs of each region in India, We work in partnership with key stakeholders to design and deliver targeted responses.

Disclaimer

Recommended Citation

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