PPHF®
PEOPLE TO PEOPLE HEALTH FOUNDATION

Celebrating a Decade of Catalysing Change (2016-2026)

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Catalysing Change 2036

A vision for health equity and resilient communities



"Over the next decade, we will transform community insights, evidence and partnerships into lasting health and well-being for millions."

THE 2036 AMBITION

50
MILLION

People across India enabled to access preventive, primary and community health services.

Three routes to responsible reach

1

PPHF-supported delivery

Direct programme contribution with defined service standards.

2

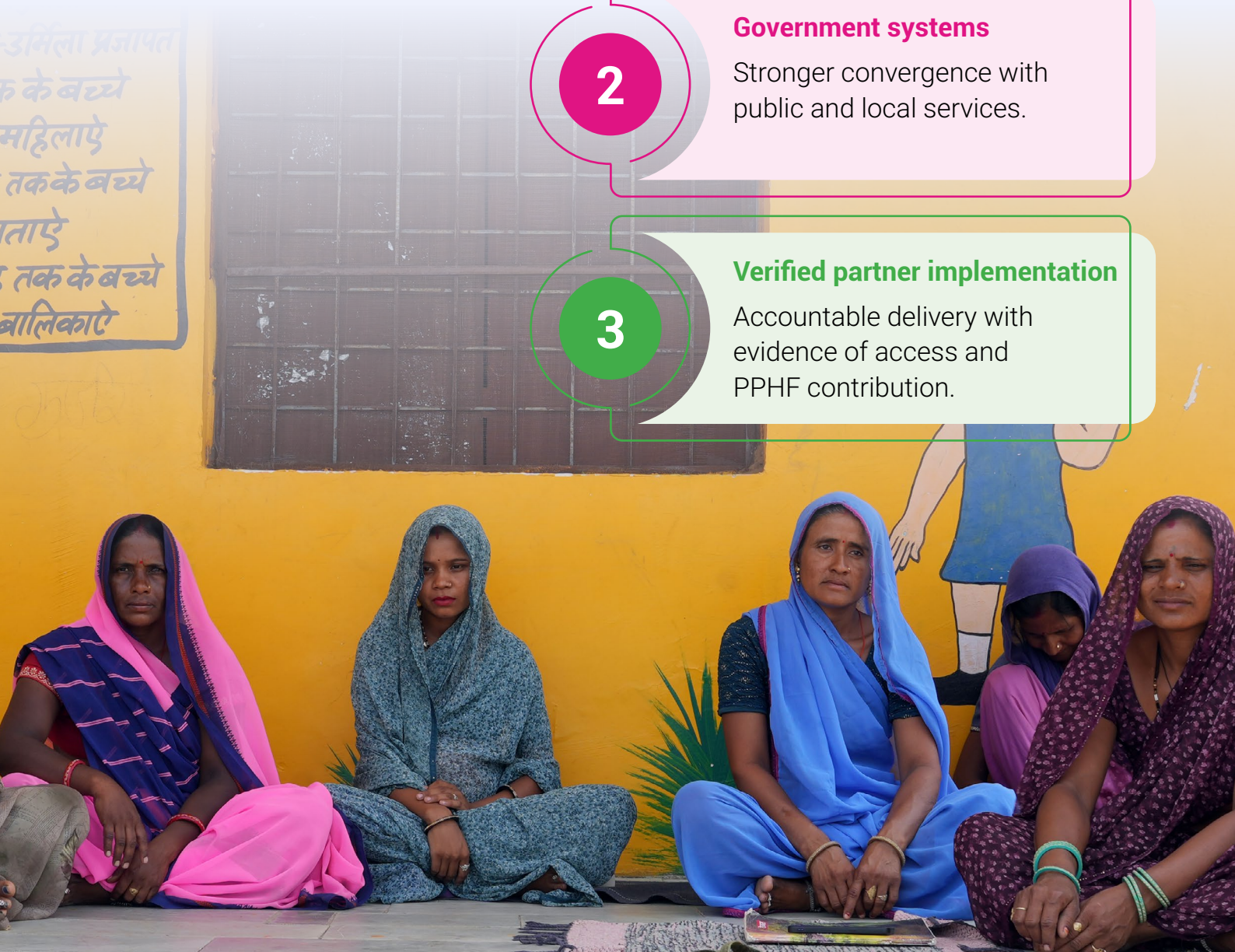
Government systems

Stronger convergence with public and local services.

3

Verified partner implementation

Accountable delivery with evidence of access and PPHF contribution.



WHERE WE START

A decade of delivery provides the foundation

PPHF's first decade (2016–2026) built a nationwide base of partnerships and frontline capability.

35.5M
Lives touched in the first decade

27
States and union territories reached

80+
Government, corporate and technical partnerships

30,000+
Health providers trained

THE STRATEGIC SHIFT

From cumulative reach to verified access

The 2036 strategy counts people once across programmes and years, links access to defined services, and documents PPHF's contribution.

Historical figures reflect PPHF-reported reach and activity.

WHY IT MATTERS

India's health needs are changing

Local health services must respond to three converging pressures while closing persistent maternal, child and nutrition gaps.

NCDs

43M

NCD deaths globally in 2021

82% of NCD deaths before age 70 occurred in low- and middle-income countries.

AGING

1.4B

People aged 60+ by 2030

Primary care must respond to multiple conditions, functional needs and caregiver support.

CLIMATE

3.6B

People in areas highly susceptible to climate change

Local services need preparedness and continuity during disruption.

STRATEGIC RESPONSE

Prevention connected to diagnosis, treatment, referral and continuing care.

Sources: WHO fact sheets on noncommunicable diseases (2025), ageing and health (2025), and climate change and health (2023).

HOW WE WILL DELIVER

Four commitments to lasting change

PREVENT

Reduce avoidable health risks

Life-course prevention of unhealthy diets, inactivity, tobacco and harmful alcohol use, linked to counselling, diagnosis, referral and follow-up.

REACH

Close practical access gaps

Community organisations, primary-care facilities, mobile services, workplaces, schools and Anganwadi centres as connected access points.

STRENGTHEN

Build reliable local capability

Frontline training linked to mentoring, supportive supervision and practical assessment, with local ownership agreed at design.

INFLUENCE

Move evidence into wider use

Evaluations of effectiveness, equity, cost and feasibility that change guidance, policy and practice.

Three integrated portfolio priorities

Programmes organised around related needs that share community, frontline and primary-care systems.

NCD and metabolic health

- Prevention and early identification
- Treatment linkage and continuity
- Mental well-being and healthy ageing

Women, adolescents, children and nutrition

- Life-course nutrition
- Maternal and adolescent health
- Child development and service access

Resilient community health

- Primary care and WASH
- Climate preparedness
- Infectious-disease and emergency readiness

SELECTION LENS
Unmet need · PPHF capability · alignment with government priorities · a pathway to sustained delivery

An operating model designed for adoption

Each programme begins with a defined service gap and plans for transition from the outset.

1 Demonstrate
Costed package, service standards and evaluation plan

2 Assess readiness
Quality, cost, local demand and an institution prepared to lead

3 Expand
Replication through capable public, community and partner institutions

4 Transition
Local ownership and arrangements to sustain essential functions

TECHNOLOGY GUARDRAILS: Clinical oversight | Accessibility and consent | Data privacy and security

WHERE WE WILL FOCUS AND HOW WE WILL BE HELD TO ACCOUNT

Scale through public systems and local ownership

PPHF will deepen sustained work in selected states and districts, helping public systems test, adapt and scale models that improve access, continuity of care and frontline capability.

1

Underserved rural and tribal districts

Integrated prevention, primary care, nutrition and frontline capability

2

Underserved peri-urban and urban communities

Last-mile access, metabolic health and continuity of care

3

Informal workers and mobile populations

Occupational prevention, referral support and mobile access

4

State and national systems

Evidence, technical assistance and adoption of proven models

Priority groups include women, children, older people, persons with disabilities, and informal or mobile workers.

The 2036 institutional scorecard

Scale targets for 2027–2036, each tied to an evidence requirement.



COUNTING RULES

1. Targets cover 2027–2036 and are not additive.
2. Media reach, repeat contacts and catchment populations alone do not count.
3. Partner results require verification of service access and PPHF contribution.
4. Reporting distinguishes direct delivery from partner implementation; equity analysed by sex, age, disability and location.

A MILESTONE TOWARDS VIKSIT BHARAT 2047

A shared ambition for healthier lives

PPHF invites governments, communities, donors and technical partners to advance this ambition together, reducing avoidable barriers to care so more people in India live healthier lives.

PREVENT	REACH	STRENGTHEN	INFLUENCE
Reduce exposure to modifiable health risks	Close last-mile access gaps	Build frontline, institutional and system capacity	Turn field evidence into adoption and scale





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