



# DESTINATION ZERO

## Ending Death and Suffering from Diabetes and Hypertension

**1 in 5**  
people are affected  
by diabetes and  
hypertension in India

**1.4 B**  
people suffer  
from diabetes and  
hypertension around  
the world. **Cost to the  
global economy is  
upwards of \$1 trillion.**

**D**iabetes and hypertension are among the top contributors to premature death and disability. With 275 million people affected, India is a critical battleground to reverse the global rise and devastation from these conditions. Destination Zero, our proven package of digital technology tools and health-care worker training programs, has been developed over a decade of field testing across India. The program enhances the ability of health systems, healthcare workers, patients, and communities to affordably and equitably prevent and manage these silent killers and disablers. With Destination Zero, we propose to reach over 100 districts covering over 100 million Indians.

### THE CHALLENGE

- Diabetes and hypertension rates are rising in India among middle-aged and older Indians irrespective of economic status or geographical setting.
- Asian Indians develop diabetes and hypertension at lower ages and body weights and have worse clinical outcomes once they develop these conditions.
- The majority of Indians live in rural areas and lack access to hospitals and clinics equipped to optimally manage chronic diseases. Silent killers such as diabetes and hypertension can lead to financial ruin for these families and the impact is often irreversible.

### OUR GOAL

Harness new technologies to end the catastrophic damage that diabetes and hypertension are inflicting in India using a carefully developed suite of prevention and treatment tools that are effective, affordable and scalable.

### THE SOLUTION

- **Multi-layered:** The comprehensive approach proposes interventions across three levels: community, patient, and health system.
- **Evidence-based:** There is strong data to support that behavioral changes and high-quality, individualized care including affordable medication reduces diabetes and hypertension risk.
- **Reaches some of the most neglected populations:** By integrating community outreach and patient engagement with a technology-assisted clinical care program, the program can penetrate and be sustained in some of the hardest to reach areas.
- **Built-in sustainability:** The program is designed to be inherently durable because the package strengthens processes and programs that leverage existing governmental infrastructure.



**47%**  
DIABETES

**70%**  
HYPERTENSION

## DESTINATION ZERO TEAM

A cross-disciplinary mix of researchers, physicians and global public health experts from institutions in the United States and India make up the team.

Emory Global Diabetes Research Center

All India Institute of Medical Sciences

Public Health Foundation of India

Madras Diabetes Research Foundation

Center for Chronic Disease Control

## 3-PRONGED INTERVENTION



### COMMUNITY OUTREACH

Community health workers use smartphone apps to:

- Demonstrate lifestyle changes for prevention
- Identify high-risk individuals for testing.
- Promote treatment and care for high-risk adults.



### CUSTOMIZED PATIENT CARE

- Patient advocates, usually nurses, use tablets to record patient data and receive instant and customized treatment recommendations through an electronic health record with built-in clinical decision support.
- Patient-oriented apps will enable patients to take a more active role in the management of their condition and contact their patient advocate.



### HEALTH SYSTEMS

- Health system-wide dashboards help health administrators to visualize patient flow and outcomes, workforce availability, and drug and diagnostic supply.
- Data collected via the advocate and patient applications is consolidated in a secure, cloud-based database.

## HOW WE CAN USE YOUR HELP

### \$1 MILLION

**Develop** low-literacy, image-based tools for patient education and disease management

**Create** audio-based content for visually impaired individuals

### \$5 MILLION

**Design** a social media campaign to increase community knowledge about diabetes and hypertension, and increase rates of screening

**Translate** all materials into another regional language

**Evaluate** programs in one district and generate a continuous learning system for quality improvement

### \$10 MILLION

**Roll out** the program in five or more districts, targeting underserved and economically disadvantaged populations

