



## SMARThealth Extend – Indonesia and North India - November 2017



The George Institute  
for Global Health India

### Facts:

- In 2010, stroke, heart disease, diabetes and chronic kidney disease were ranked number 1, 7, 5, and 11, respectively, as the causes of premature mortality in Indonesia.
- About 1 in 5 Indonesians aged 41-50 years are at high risk of cardiovascular disease. This proportion increases sharply to 70% for those aged 51-60 years.
- In India, the number of years of life lost from heart disease under the age of 60 years will increase from 7.1 million in 2004 to 17.9 million in 2030, more than is projected for China, Russia, and the USA combined.

### Partners:

*The George Institute, India*

*Brawajaya University, Indonesia*

*Pt B.D. Sharma University of Health Sciences, India*

### Supporters:

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### Background:

- The SMARThealth India program involves developing a mobile device-based clinical decision support system (CDSS) to help primary healthcare workers improve optimal preventive treatment for cardiometabolic diseases in high risk individuals.
- SMARThealth has been developed for and is currently deployed in a rural population in South India.
- For broader impact, a crucial issue is the extent to which the SMARThealth program can be rapidly customised and scaled up in health systems that might differ substantially from that in which the program was developed.

### Aims:

- This demonstration project aims to determine whether SMARThealth can be appropriately and rapidly customised and implemented in two other large rural communities (the Indonesian province of East Java and the northern Indian state of Haryana).

### Methods:

- Two separate but related programs are implemented in:
  - Kabupaten Malang in East Java, Indonesia, with trained primary care doctors and non-physician healthcare workers (Kaders) serving a population of approximately 48,000; and
  - Rohtak district in Haryana, India, with trained doctors and non-physician healthcare workers (Accredited Social Health activists [ASHAs]) serving an estimated population of 20,000.
- A mix of quantitative and qualitative research methods will be used to assess feasibility, acceptability, scalability and sustainability in each region.

### Impact:

- Each of the regions involved in SMARThealth Extend have substantially different primary healthcare systems than that of the South Indian region where the SMARThealth program was originally developed and implemented.
- The findings of SMARThealth Extend will determine whether this healthcare delivery innovation could have wide application across many parts of Asia and potentially improve the lives of tens of millions of people.

### Contact:

To find out more about the SMARThealth Extend trial and its principal investigators Dr D. Praveen and Professor Anushka Patel or The George Institute for Global Health, please contact:  
Kannan Krishnaswamy +91 11 4158 8091  
or email [kkrishnaswamy@georgeinstitute.org.in](mailto:kkrishnaswamy@georgeinstitute.org.in)

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