











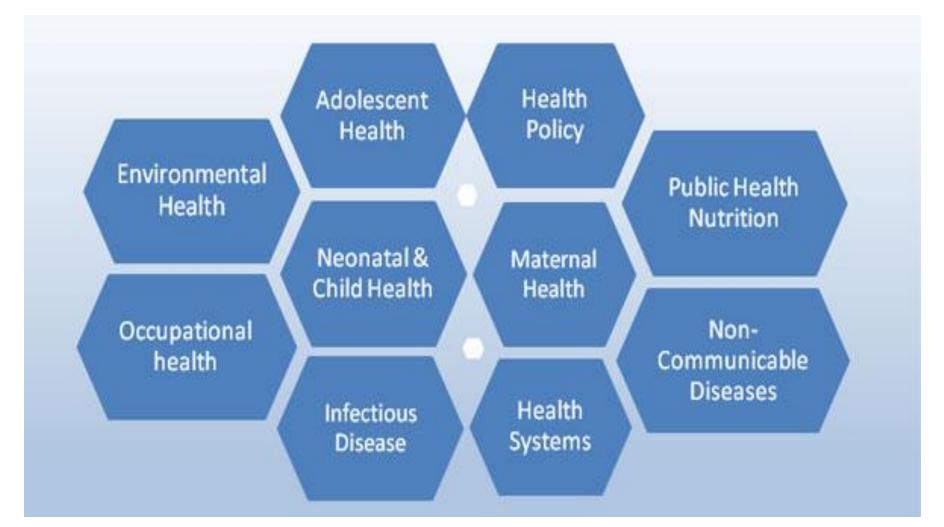


Development, implementation and impact of Ahmedabad Heat Action Plan and its scaling to national level

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Director,
Indian Institute of Public Health
Gandhinagar



Key Areas of Health Research Degrees MPH, MHA, PGDPHM,



Chicago Heat Wave

Cook County, July 11-27, 1995:

Excess deaths compared with this time period during an average year: about 700 Deaths classified as "heat-related" on death certificates (not shown here): 465



Semenza JC, Rubin CH, Falter KH, Selanikio JD, Flanders WD, Howe HL, Wilhelm JL. Heat-related deaths during the July 1995 heat wave in Chicago. New England journal of medicine. 1996 Jul 11;335(2):84-90.

Who are affected in heat wave: old, isolated, without cooling or support



Mass Grave in Chicago after Heat Wave



Heat wave – Global Scenario





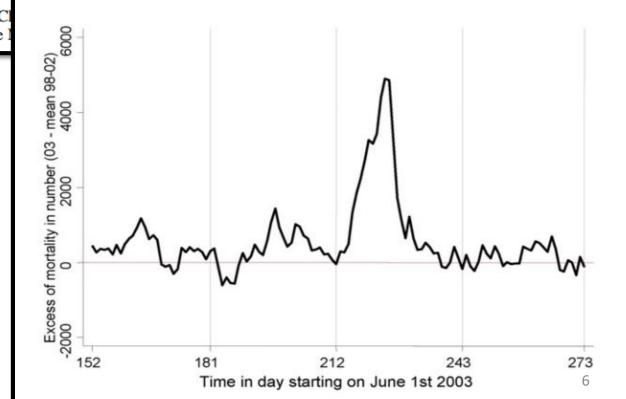
C. R. Biologies 331 (2008) 171-178



Epidemiology / Épidémiologie

Death toll exceeded 70,000 in Europe during the summer of 2003

Jean-Marie Robine a,*, Siu Lan K. Cl Clare Griffiths c, Jean-Pierre



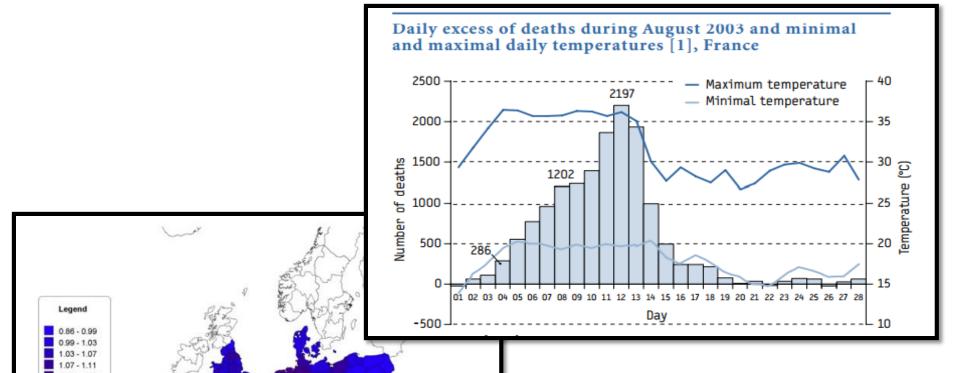
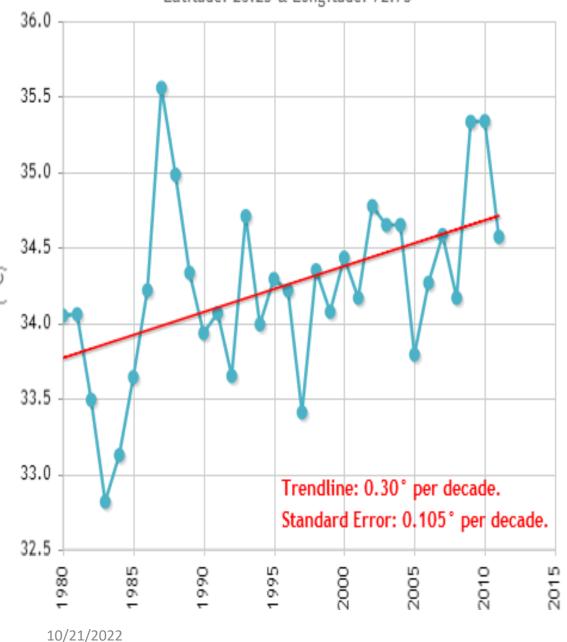


Fig. 2. Standardized daily death frequencies (1 means equal to the median death number, 2 means twice the median death number) between 3 and 16 August 2003, in 16 European countries, for 177 NUTS.

1.34 - 1.43 1.43 - 1.65 1.65 - 2.25 2.25 - 2.65

Maximum Temperature (Annual Average).

Latitude: 23.25 & Longitude: 72.75

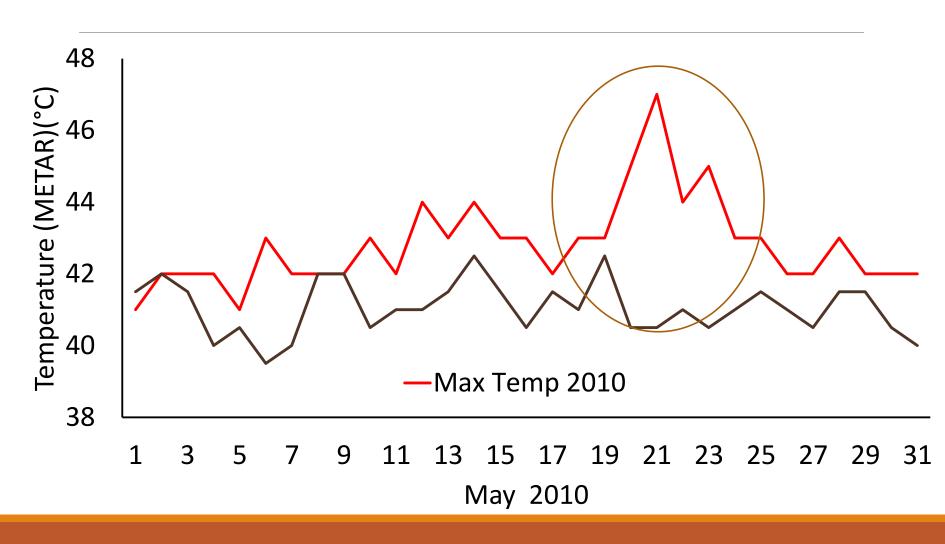


In Ahmedabad, annual average of maximum temperatures have been increasing steadily over the past 30 years

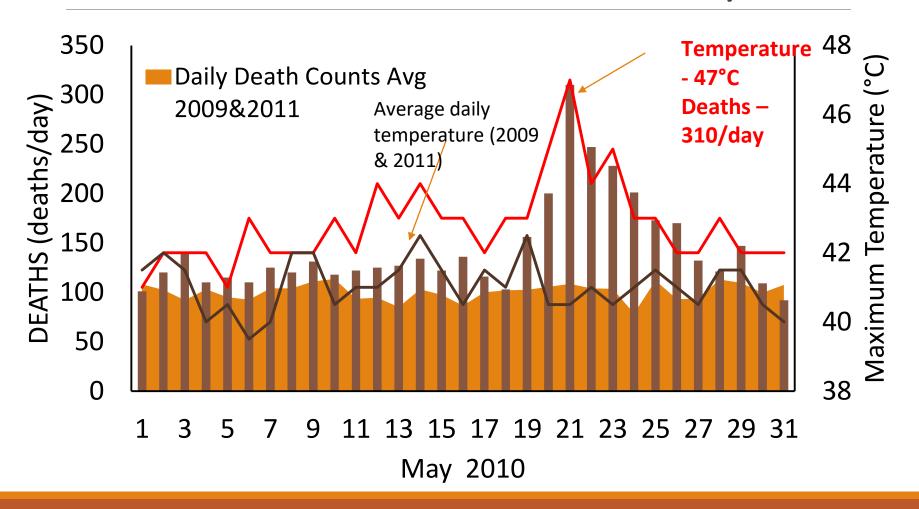
Graph data: HOTHAPS

Analysis of temperature and mortality data of Ahemdabad.

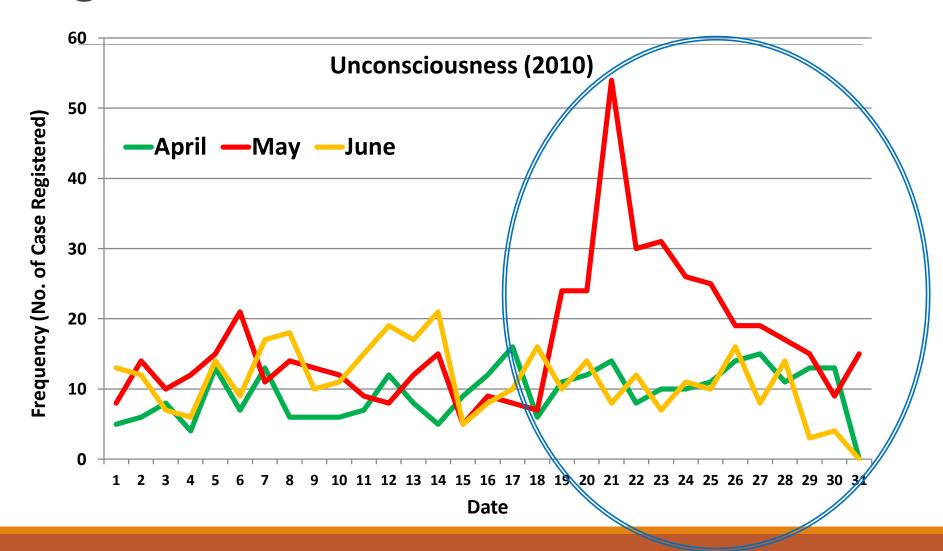
2010 Heat wave in Ahmedabad – Temp. reached 47deg C on 21st May



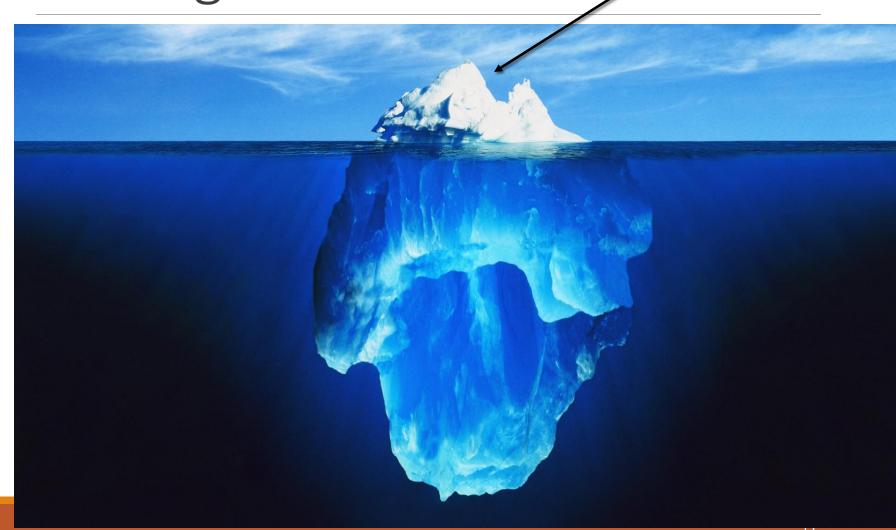
2010 Ahmedabad heat wave: May 20-27th – excess deaths 800 in one week and 1344 excess deaths in May 2010.



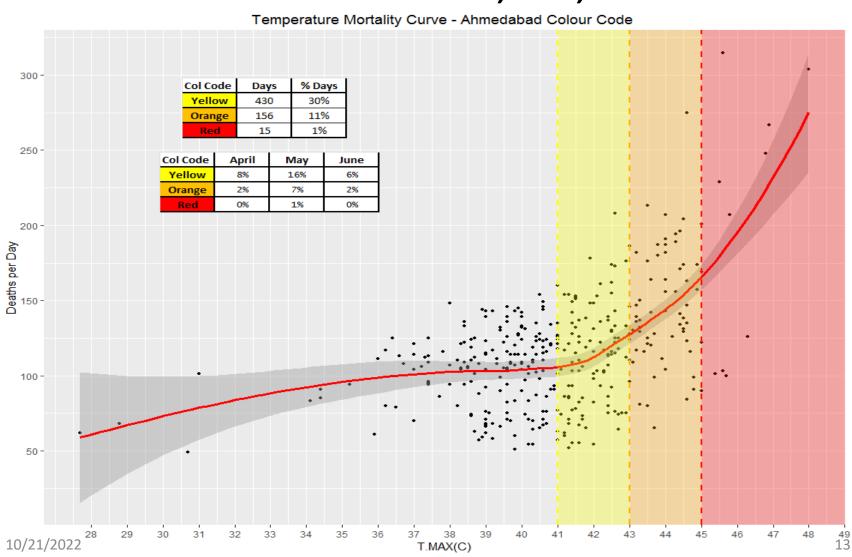
EMRI – **Unconsciousness** case registered



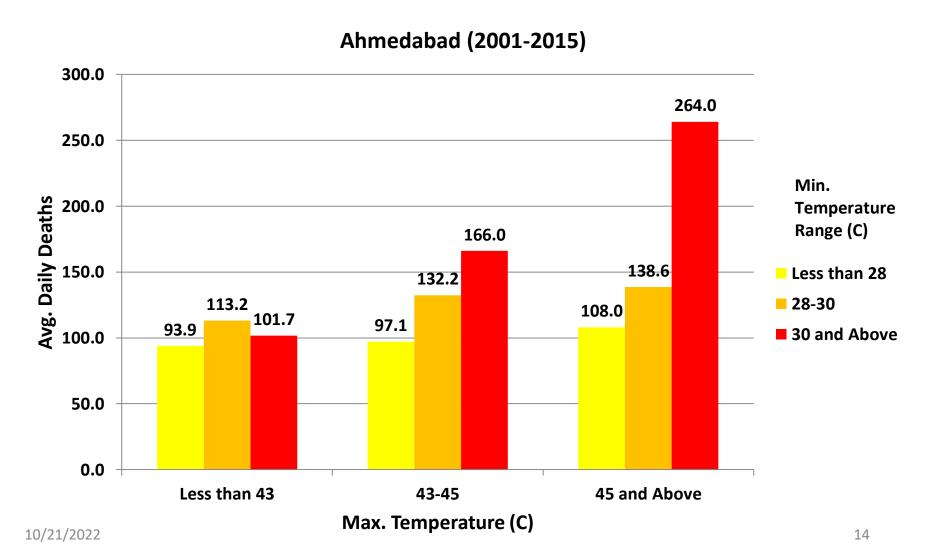
Heat wave deaths are like an icebergs -10% visible



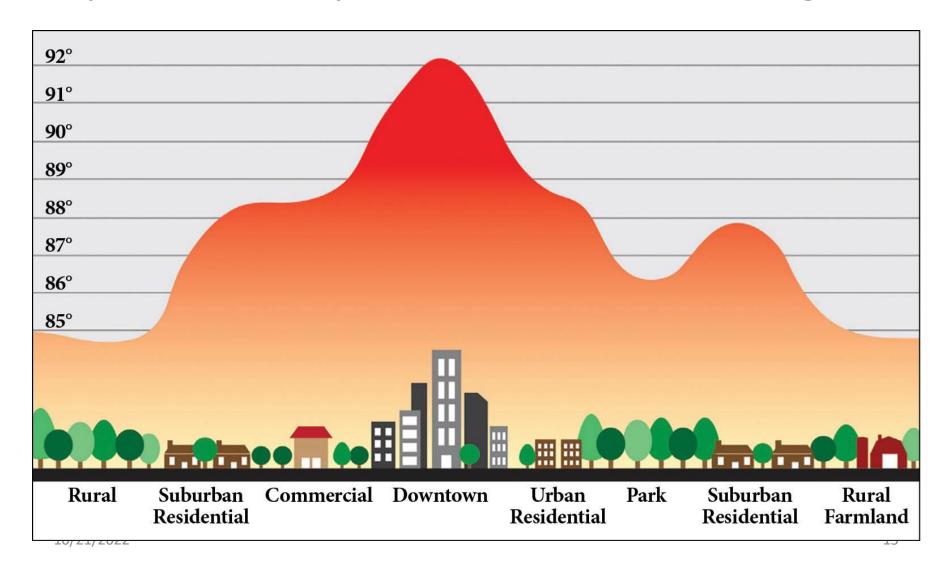
Temperature Mortality Curve – Alert thresholds 41, 43, 45 dec C



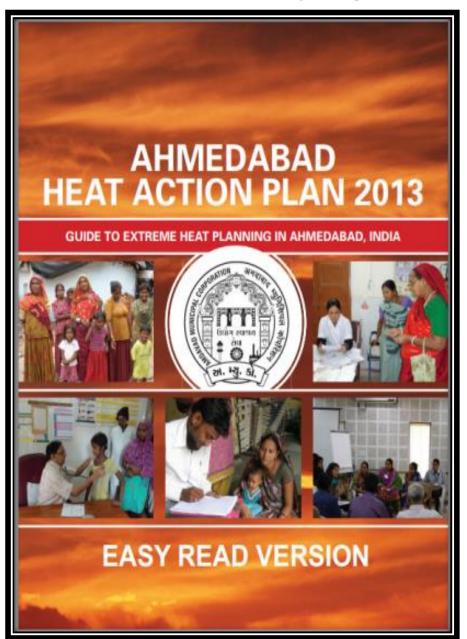
Min – Max Temperature and associated ave. daily death in Ahmedabad



Measuring Urban heat Island and personal exposure in direct sun light



PIlot AHMEDABAD HEAT ACTION PLAN in 2013



5 key interventions of the HAP

- 1. Awareness and publicity of dangers of heat and how to protect
- 2. Capacity building of Medical systems
- 3. Reducing heat exposure and adaptive measures
- 4. Early warning system and interagency response plan
- Monitoring of impact of heat action plan on health

Intervention — 1 Public Awareness & Community Outreach





People protect themselves – impact of health education.





Intervention – 2 **Building Capacity of medical community**



Case Definitions

Heat Illness - Typical Presentations

Clinical Entity	Age Range	Sotting	Cardinal Symptoms	Cardinal Signs	PertinentNegatives	Prognosis
Heatrash	All, but frequently children	Hot environment; +/- insulating clothing or swaddling	Itchy rash with small red bumps at pores in setting of heat exposure; bumps can sometimes be filled with clear or white fluid	Diffuse maculopapular rash, occasionally pustular, at hair follicles; pruritic	Not focally distributed like a contact dermatitis; not confluent patchy; not petechial	Full recovery with elimination of exposure and supportive care
Heat cramps	A11	Hot environment, typically with exertion, +/- insulating clothing	Painful spasms of large and frequently used muscle groups	Uncomfortable appearance, may have difficulty fully extending affected limbs/joints	No contaminated wounds/tetanus exposure; no seizure activity	Full recovery with elimination of exposure and supportive care
Heat exhaustion	All	Hot environment; +/- exertion; +/- insulating clothing or swaddling	Feeling overheated, lightheaded, exhausted and weak, unsteady, nauseated, sweaty and thirsty, inability to continue activities	Sweaty/diaphoretic; flushed skin; hot skin; normal core temperature; +/- dazed, +/- generalized weakness, slight disorientiation	No coincidental signs and symptoms of infection; no focal weakness; no aphasia/dysarthria; no overdose history	Full recovery with elimination of exposure and supportive care; progression if continued exposure
Heat syncope	Typically adults	Hot environment; +/- exertion; +/- insulating clothing or swaddling	Feeling hot and weak; lightheadedness followed by brief loss of consciousness	Brief, generalized loss of consciousness in hot setting, short period of disorientation if any	No seizure activity, no loss of bowel or bladder continence, no focal weakness, no aphasia/dysarthria	Full recovery with elimination of exposure and supportive care; progression if continued exposure
Heat stroke	All	Hot environment; +/- exertion; +/- insulating clothing or swaddling	Severe overheating; pro found weakness; disorientation, obtundation, seizures, or other altered mental status	Flushed, dry skin (not always), core temp \geq 40°C; altered mental status with disorientation, possibly delirium, coma, seizures; tachycardia; +/- hypotension	No coincidental signs and symptoms of infection; no focal weakness; no aphasia/dysarthria; no overdose history	25-50% mortality even with aggressive care; significant morbidity if survive

Building hospital and health system readiness

- Cooling ward in each major hospitals
- Cooling packs or ice
- Doctors and nurses oriented to treatment of heat stroke
- IV fluid and other medicines procured
- Health workers in the community trained to educate the community
- Urban health centers readiness improved

Intervention – 3 Reducing Heat Exposure & Promoting Adaptive Measures – water, cooling centers





Changing housing and area planning Cool Roofs

Cool roofs function primarily by reflecting heat incident on a building back to the atmosphere to a greater extent than a regular roof surface.

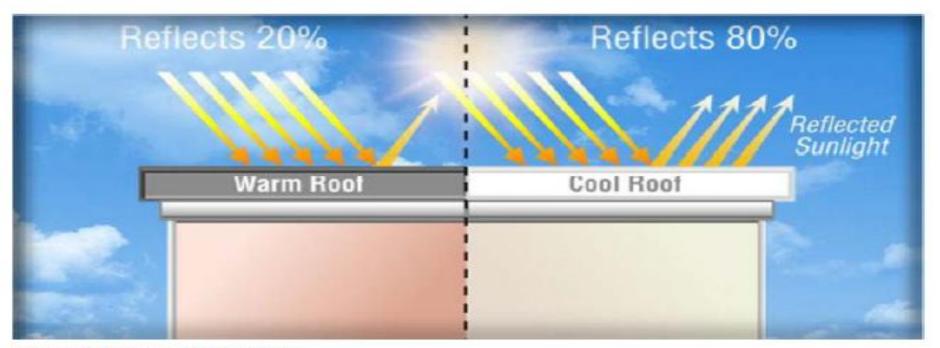


Figure 1: How a cool roof works

Intervention — 4 Early Warning System & Inter-Agency Emergency Response Plan

भारत सरकार पृथ्वी विज्ञान संज्ञलय भारत सौसस विज्ञान विभाग सौसस केंद्र, आर एसाआर डब्लयु भवन, हवाई अडुब, अहसदाबाद-382,475 फोन न. 079 22885012



Government of India Ministry of Earth Sciences India Meteorological Department Meteorological Centre, RS/RW Building, Airport, Ahmedaba-382 475. Phone: 070-22865012 Fax: 079-22865449

Issuing Office: Meteorological Centre, Ahmedabad Time of Origin : 1200 Hrs. IST Date : 09/05/ 2016

Five days City weather forecast (Maximum temperature forecast) for Ahmedabad

Maximum Temperature forecast	Maximum temperature in deg Celsius	Probability of occurrences	High Temperature Warning
Dayl (Valid from time of origin to 0830 Hrs. IST of 10/05/2016)	43	Most likely	
Day2(Valid from 0830 Hrs. IST of 10/05/2016 to 0830 Hrs. IST of 11/05/2016)	43	Most likely	
Day3(Valid from 0830 Hrs. IST of 11/05 /2016 to 0830 Hrs. IST of 12/05/2016)	43	Very likely	
Day4(Valid from 0830 Hrs. IST of 12/05 /2016 to 0830 Hrs. IST of 13/05/2016)	44	Likely	
Day5(Valid from 0830 Hrs. IST of 13/05/2016 to 0830 Hrs. IST of 14/05/2016)	44	Likely	

Legend: Probability of occurrences Levels

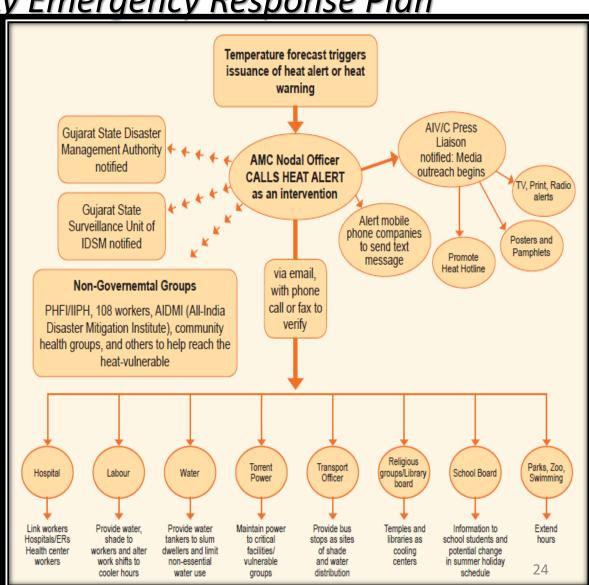
 Unlikely:
 less than 25 %
 Yellow: 41.1-43 deg Celsius

 Likely:
 25 to 50 %
 Orange: 43.1-44.9 deg Celsius

 Very likely:
 50 to 75 %
 Red: >45.0 deg Celsius

Most likely: 75 to 100 %

For Director In-charge
10/21/2022 Meteorological Centre



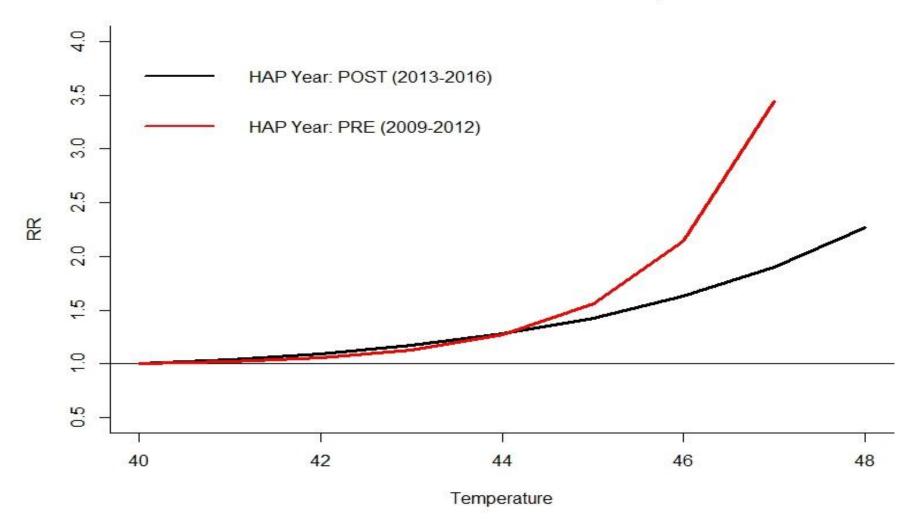
5. Assessment of Impact of Heat Action Plan

Reduction in all cause of mortality during heat waves

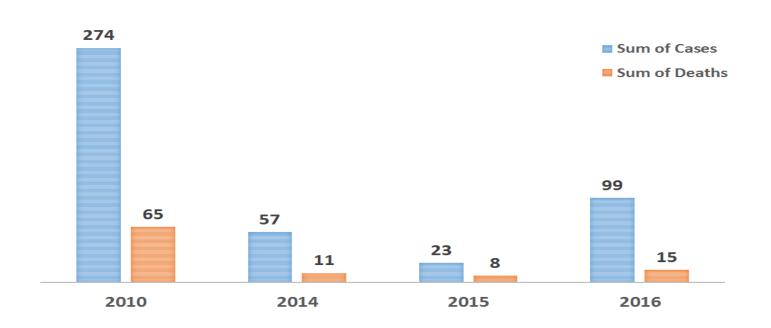
Decrease in heat stroke cases and deaths

Relative Risk of Death with max temperature – Ahmedabad Pre & Post HAP

Ahmedabad - PRE & POST HAP Comparison



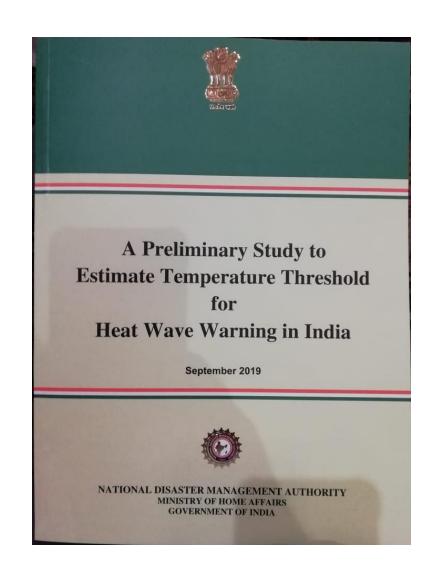
Heat Stroke Mortality and Morbidity before and after HAP on Selected 5 Municipal Hospitals of AMC



Counts of post-HAP days, expected and observed mortality and estiated avoided mortality post-HAP period for each of the heat warning categories for Ahmedabad:

Variable	Any warning	Yellow warming	Orange warning	Red warning
Days Post-HAP	98	36	41	21
Expected deaths after HAP (95% CI)	16,012 (13,956–18,067)	5015 (4868–5162)	6307 (6114–6500)	4690 (2974–6406)
Expected deaths after HAP (95% CI)	(13,930-16,007)	(4808-3102)	(0114-0300)	(2974-6406)
Observed deaths after HAP	13,632	4608	5634	3390
Avoided mortality after HAP (95% CI)	2380 (324–4435)	407 (260–554)	673 (480–886)	1300 (-416– 3016)
Average annualized avoided mortality after HAP (95% CI)	1190 (162–2218)	203 (130–277)	336 (240–443)	650 (-208–1508)

- IIPHG, IMD and NDMA have jointly worked together to determine preliminary thresholds of maximum temperature for 100 cities in India.
- The report released on occasion of 15th Foundation Day of NDMA



EXPANDING HEAT RESILIENCE ACROSS INDIA

- In 2019, the national government is working with 23 states and over 100 cities and districts to implement and develop heat action plans in India.
- IMD continues to provide daily temperature forecasts to over 350 cities.



Recognition Heat as a Disaster and Need for

HAP



5*C Severe Heat Wave Departure from normal is 6*C or more

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Home > India > 'UP, Bihar must follow Gujarat'

'UP, Bihar must follow Gujarat'

By editor Created 11 Jun 2014 - 00:00 Vardhan slams states' action in battle against encephalitis

Bihar CM Nitish Kumar and Uttar Pradesh ruling party chief Mulayam Singh Yadav may not be publicly subscribing to Prime Minister Modi's style of functioning, the Centre has suggested the two states to subscribe the Gujarat model in dealing with menacing encephalitis, that has resulted in 500-600 deaths this year so far.



In a meeting held today Dr Harsh Vardhan asked both UP and Bihar officials to replicate the "early warning"

Harsh Vardhan at a meeting to review encephalitis cases in Uttar Pradesh and Bihar

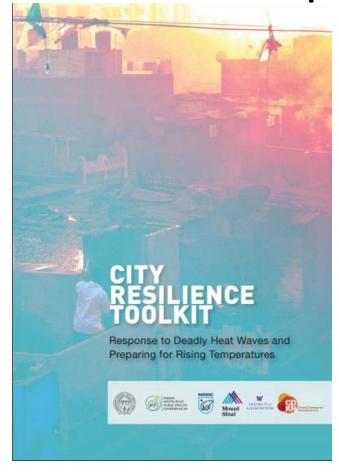
system" installed in Ahmedabad. The minister asked the officials to approach the Natural Resources Defence Council and the Indian Institute of Public Health to replicate the existing system of Ahmedabad. "The government of Gujarat gets support from local health and environment groups to prepare local communities to the onset of extreme heat so that they can take all the necessary steps to protect themselves. My ministry will be happy to extend all possible assistance to put in place a preparedness plan," he said during a high-level meeting held Tuesday, following recent deaths of over 40 children in Bihar due to encephalitis.

8th Earth Care Award 2018 for our pioneer work in Ahmedabad HAP





City Resilience toolkit and How to Manual- Guide for other cities and state of India to develop HAP



Lessons from Ahmedabad HAP

- Involvement of Local city or district administrative and health and political leadership
- Engagement with all stakeholders: IMD for weather data, Health data for analysis, city govt for various actions.
- Analysis of Local mortality and morbidity data and correlation with temperature data to determine thresholds
- Facilitation by local and national institutions / experts universities
- Learning and adapted HAP developed in other countries / cities
- Measurement of process of implementation and Impact on mortality and morbidity

Useful Resources and References

You Tube Links on IEC Materials:

- https://www.youtube.com/watch?v=2of1yeYaF5E&list= PLOuQBh7LWB0jTNdwr5sVlR2VRDKdenY8f
- https://www.youtube.com/watch?v= Icr07IJIKs
- https://www.youtube.com/watch?v=El3qjemf-rw

NDMA Guidelines on Heat Wave

- http://www.ndma.gov.in/images/guidelines/heatwaveg uidelines2017.pdf
- http://www.ndma.gov.in/en/heat-do-s-and-dont-s

Published Ahmedabad Heat Action Plan Evaluation Paper

Hindawi Journal of Environmental and Public Health Volume 2018, Article ID 7973519, 8 pages https://doi.org/10.1155/2018/7973519



Research Article

Building Resilience to Climate Change: Pilot Evaluation of the Impact of India's First Heat Action Plan on All-Cause Mortality

Jeremy J. Hess , ^{1,2} Sathish LM, ² Kim Knowlton, ³ Shubhayu Saha, ⁴ Priya Dutta, ² Parthasarathi Ganguly, ² Abhiyant Tiwari , ² Anjali Jaiswal, ³ Perry Sheffield , ⁵ Jayanta Sarkar, ⁶ S. C. Bhan, ⁷ Amit Begda, ⁸ Tejas Shah, ⁸ Bhavin Solanki, ⁸ and Dileep Mavalankar ²

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Background. Ahmedabad implemented South Asia's first heat action plan (HAP) after a 2010 heatwave. This study evaluates the HAP's impact on all-cause mortality in 2014–2015 relative to a 2007–2010 baseline. Methods. We analyzed daily maximum temperature (Tmsx)-mortality relationships before and after HAP. We estimated rate ratios (RRs) for daily mortality using distributed lag nonlinear models and mortality incidence rates (IRs) for HAP warning days, comparing pre- and post-HAP periods, and calculated incidence rate ratios (IRRs). We estimated the number of deaths avoided after HAP implementation using pre- and post-HAP IRs. Results. The maximum pre-HAP RR was 2.34 (95%CI 1.98–2.76) at 47°C (lag 0), and the maximum post-HAP RR was 1.25 (1.02–1.53) estimated at 47°C (lag 0). Post-to-pre-HAP nonlagged mortality IRR for Tmsx over 40°C was 0.95

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²Indian Institute of Public Health, Gandhinagar, Ahmedabad, India

³Natural Resources Defense Council, New York, NY, USA

⁴Emory University, Atlanta, GA, USA

⁵Icahn School of Medicine at Mount Sinai, New York, NY, USA

⁶Indian Meteorological Department, Gujarat, India

⁷Indian Meteorological Department, Delhi, India

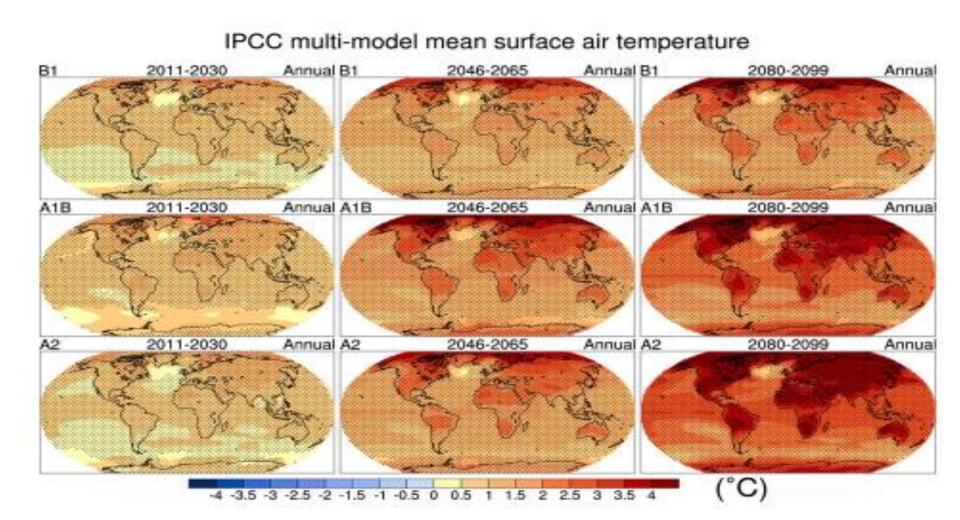
⁸Ahmedabad Municipal Corporation, Ahmedabad, India

Useful Resources and References

Published Scientific Articles:

- PlosOne Journal Article: Heat-Related Mortality in India: Excess All-Cause Mortality
 Associated with the 2010 Ahmedabad Heat Wave (March
 2014): http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0091831
- International Journal of Environmental Research and Public Health Journal Article: Development and Implementation of South Asia's First Heat-Health Action Plan in Ahmedabad (Gujarat, India) (January 2014): http://www.mdpi.com/1660-4601/11/4/3473
- Journal of Environmental and Public Health: Neonates in Ahmedabad, India, during the 2010 Heat Wave Journal Article: A Climate Change Adaptation Study (January 2014): http://www.hindawi.com/journals/jeph/2014/946875/
- A Cross-Sectional, Randomized Cluster Sample Survey of Household Vulnerability to Extreme Heat among Slum Dwellers in Ahmedabad, India Journal Article (June 2013): http://www.mdpi.com/1660-4601/10/6/2515
- Indian Journal of Occupational and Environmental Medicine: Perceived heat stress and health effects on construction workers (Jan 2016): http://www.ijoem.com/text.asp?2015/19/3/151/174002
- Building Resilience to Climate Change: Pilot Evaluation of the Impact of India's First Heat Action Plan on All-Cause Mortality. (Jan 2018): https://www.hindawi.com/journals/jeph/2018/7973519/abs/

This is the beginning of climate change – worse still to come – so lets prepare now for next 80 years

















Thank You from all the partners