COMMUNICATING AIR QUALITY AND HEALTH
A media toolkit for health professionals in India
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Globally, health professionals are considered among the most trusted of professions. As we face harmful levels of air pollution in 90% of the world’s cities, as well as the climate crisis, the voices of doctors and the health sector can make a significant difference.

Health voices can be powerful when it comes to raising awareness among the public and policy-makers about the seriousness of the impact of air pollution on health, and for encouraging greater clean air action among policy-makers at all government levels. The health sector can do much more than just sound the alarm, also advocating for specific solutions to benefit air quality, the climate, and public health. Importantly, doctors and health professionals who are vocal in the struggle against air pollution can also help increase the understanding amongst their patients and the communities they serve, and advise them about how to protect their health when air quality is poor. Globally, many health professionals and organisations have spoken out publicly for better air quality, for climate action and for healthier populations.

This toolkit is directed at everyone in the health sector interested in making their voices heard and wanting to understand the possibilities that traditional media and social media can offer. This toolkit is intended to be a comprehensive yet flexible reference guide to be used to inspire and strengthen your social media and communication activities over time.
The Health Effects Institute\(^1\) has released the State of Global Air 2020 report and website\(^2\). This year’s report, the fourth in the series, presents the latest information on patterns and trends in air pollution and its associated health impacts. The report is based on the results from the Global Burden of Disease Study 2019, the most comprehensive global study—analysing 286 causes of death, 369 diseases and injuries, and 87 risk factors in 204 countries and territories, which was released mid October 2020, in The Lancet\(^3\).

More than 100,000 infants died within the first month after birth due to health impacts related to air pollution exposure in 2019.

Air pollution is the number one risk factor for premature deaths, ranking above high blood pressure and tobacco use.

100% of the population continues to live in areas where concentrations of fine particulate matter (PM\(_{2.5}\)) do not meet the WHO Guideline for healthy air there is strong scientific evidence that PM\(_{2.5}\) causes serious health impacts throughout the body.

### Highlights of the State of the Global Air 2020 Report for India

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### India State-Level Disease Burden Initiative

The problem of poor air quality in India is acute, and it is getting worse. Historically in the Asia region, China has topped most headlines for poor air quality. However, as a time-lapse video of PM\(_{2.5}\) pollution between 1998 and 2016 shows, India is now in a far worse state than its larger neighbour ever was. India has far more people living in heavily polluted areas. In 2016, 13 of the world’s 20 cities with the highest annual levels of air pollution were located in India.

Another study\(^4\) by the Public Health Foundation of India (PHFI)\(^5\) presents a deeply concerning picture for India in terms of health risks associated with poor air quality:

In 2017, one in eight deaths in India was attributable to air pollution, making it a leading risk factor for death in India.

12 lakh deaths in India in 2017 were due to air pollution, which included 6.7 lakh deaths due to outdoor particulate matter air pollution and 4.8 lakh deaths due to household air pollution. In comparison, the deaths to tobacco are 10 lakh every year.

Over half of the deaths due to air pollution were in persons less than 70 years of age.

In 2017, 77% of the Indian population was exposed to ambient particulate matter PM\(_5\) above 40 μg/m\(^3\), the recommended limit by the National Ambient Air Quality Standards.

The mean ambient particulate matter PM5 annual exposure of 90 μg/m\(^3\) in India in 2017 was one of the highest in the world. The highest PM\(_{2.5}\) exposure level was in Delhi, followed by the north Indian states of Uttar Pradesh, Bihar and Haryana.

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\(^1\) The Health Effects Institute, State of Global Air 2020 report, [https://www.healtheffects.org/](https://www.healtheffects.org/)

\(^2\) The Health Effects Institute, State of Global Air 2020 website, [https://www.stateofglobalair.org/](https://www.stateofglobalair.org/)


\(^4\) [https://ig.ft.com/india-pollution/](https://ig.ft.com/india-pollution/)

\(^5\) [https://phfi.org/the-work/research/air-pollution-india-state-level-burden/](https://phfi.org/the-work/research/air-pollution-india-state-level-burden/)
When communicating about air quality and health, there are a number of different angles that can be taken. Below is a list of the overarching messages commonly used by various experts around the world. They have all been proven to be effective and work well together as a narrative.

**OVERARCHING MESSAGES:**

<table>
<thead>
<tr>
<th>Message</th>
<th>Message</th>
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<tbody>
<tr>
<td>Air pollution is the single worst environmental health threat.</td>
<td>It impacts the most vulnerable the most.</td>
</tr>
<tr>
<td>It causes harm to lungs, heart, and brain.</td>
<td>Significant sources of air pollution are the combustion of coal, oil and gas for transport, heating and power generation.</td>
</tr>
<tr>
<td>The health impacts of air pollution are largely preventable.</td>
<td>We have the technical solutions to stop air pollution.</td>
</tr>
<tr>
<td></td>
<td>What we need is political will and community demand.</td>
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</table>

Apart from solely focusing on health impacts, air pollution is often discussed as part of wider narratives. Below are the five most widely used narratives globally.

**The five most widely used narratives globally**

1. **Focus on the health impact**

   Used especially when new studies or major reports emerge, such as from the WHO, to spread awareness of the link between pollutants and health. Experts consulted for the writing of this toolkit felt that in the Indian context, a focus on the health impact of air pollution is the most relevant and important narrative.

   It is important that you define the target audience you want to reach with this narrative, e.g. the general population (especially parents and teachers), schools/universities, media houses, or government authorities.

   When it comes to assessing health impacts from air pollution, you will regularly encounter new science. It is important to report new scientific findings carefully otherwise you may compromise credibility. When sharing new science, make sure you highlight uncertainties and need for further research. For example, for new findings not yet supported by repeated and multiple studies, you could refer to the findings as “emerging evidence.”
Often used in advocacy work towards policy-makers when you want to highlight cost savings possible through clean air action. Messages focused on the economic cost of air pollution should be directed towards those who are in positions of power such as policy-makers, senior management of corporates and media houses. Also, the content of such messages could detail the economic cost of inaction and how city budgets might get affected in the long run. If you want to communicate on the health economic cost, we recommend that you team up with policy experts and economists to make it more impactful.

Air pollution does not impact us all equally; the poor often live in more polluted areas and have more pre-existing health conditions. In India, nearly 67% of the population lives in rural areas where indoor pollution is a major area of concern. This is a good example of an exposure to air pollution that is inherently unjust as it is poor households who suffer the consequences overwhelmingly.

Highlighting studies or projects that show the harm of air pollution to children, e.g. from a recent WHO report. For example, in Nagpur (a major city in Maharashtra), where schools have been set up in close proximity to fly ash ponds, waste dumping grounds and power plants, the devastating impact on the health of children could be discussed. Similar situations are present in multiple cities across India. In Europe, various initiatives have monitored air quality in and around schools.

Making these connections offers a chance to reach the wider population and truly highlight the voice of medical professionals. The target audience can be parents, schools, universities or government authorities.

Since the causes of climate change and air pollution are often the same, the burning of fossil fuels, the solution to one will also frequently benefit the other (though sometimes there may be trade-offs). This focus on co-benefits is often used with policy makers who have the power to implement large scale changes.

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6 “Air pollution and child health - World Health Organization”.

Messages should be evidence-based and, ideally, propose solutions-oriented interventions. Compelling information about health impacts of air pollution is of importance to the general public and of interest to journalists, and helps to raise awareness. Policymakers need information on what to do about concern around health impacts so a focus on solutions-oriented interventions is important. Having raised concerns, health professionals can point to ways to tackle problems.

**What’s your intention?**

What you decide to share, and what messages you chose, will greatly depend on your motivation for engaging with the topic in the first place. Do you want to highlight air pollution’s harm to health to the general public, because that’s where you’re particularly knowledgeable? Do you want to address policy-makers and propose solutions to the problem, which you think will benefit health? It’s useful to think about your “why” before you decide on your message.

It’s important that no matter what narrative you choose, all claims made are evidence-based.

When communicating, choose a narrative based on your target audience as well as media interest, given the local context.

Ask yourself: what does my audience care most about? If you choose to focus on specific health impacts, ask yourself, what health impacts does my audience care most about?

**EXAMPLE 1**

If your audience is parents because you want to tackle air pollution around schools, consider focusing your messages on the evidence on harm to children’s health.

If your audience is older citizens, you might want to focus on heart disease or COPD instead, as diseases affecting the elderly.

If your audience comprises mostly policy-makers, consider summarizing study findings and highlighting the link to a specific policy at hand. If available, highlight economic costs/savings on specific measures.

Apart from pinning down your target audience, you need to consider the context and timing. Is the media currently preoccupied with another topic? If so, it may be worth pushing your communications for better air quality later by a couple weeks. Are there local elections coming up that would help to get your message heard with candidates?

**EXAMPLE 2**

If you want to focus on the local context, and highlight a new study to the general public, think about your local hook. Clearly state the findings of the study and check if they are transferable to your context.

Research carried out in the UK showed that the general public is most engaged by statements that are believable, not overly dramatised, and easily comprehensible such as: “**Sudden rises in air pollution are linked to more children going to the hospital for asthma**”. According to data from the Clean Air Fund®, this statement is popular because a) people can relate to it, b) it has a credible cause and effect between elevated air pollution and asthma and c) it focuses on a vulnerable group.

It is important to note that research into effective health messaging around air pollution has only been done by a few countries, making it difficult to generalise how messages should fit the Indian context fully, as perception of communications likely differs by country and culture.

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*“Communicating the Health Impacts of Air Pollution | Clean Air...”*  
Once you have an idea of the messages you want to use and have spent some time thinking about your target audience and picked a tone, it’s time to think about making your message visually appealing. Whether you like to use photos, infographics, or rather stick to text alone is ultimately up to you. However, visuals score higher and generate more engagement and response on all social media platforms. This means that if your post is accompanied by a visual it will appear more widely on, for example, Facebook, as the Facebook algorithm prioritizes visuals over text alone.

Below are examples of visuals used by the World Health Organization and others, supporting the above messaging.

The first four infographics are by the World Health Organization (WHO). The final two infographics are by the Indian National Centre for Disease Control. The WHO provides a number of air pollution visuals for easy download here: https://www.who.int/airpollution/infographics/en/
Print newspapers, television and radio are considered to be traditional media outlets. Most big and small newspapers also have an online version which usually has a greater variety of content published.

**When to engage with traditional media?**

In order to get a story placed in a newspaper (print or online), on radio or television it must have a novel component to it. Television reaches the biggest audiences and has the most impact. Journalists are particularly interested in firsthand experience, so, for example in the case of air pollution, meaning stories of people directly impacted by pollution. If you have access to such firsthand stories such as impacts on your patients or in the community you’re working in, it can be a good idea to consider traditional media. Another popular approach is to conduct an interview with someone high-level or to have a high-level figure such as a hospital Director write an article on air pollution and health in the city.

**Examples of occasions to use traditional media**

- High level interview with known doctor or public health professional.
- Signed letter by large number of signatories on a specific policy demand.
- Novel study coming up with compelling results important for health and policy.

**Who engages and what can be said?**

Sometimes it can be difficult for individuals who are not yet familiar with working with traditional media to know how to approach media outlets and what to say when doing so.

Nevertheless journalists and news writers are always looking for good stories.

If you want to engage traditional media in your story you have to provide solid background material, accurate information, an explanation of why the issue is important and what can be done to effect change. A press release or statement will work best to present your story or case.

Another popular format is an opinion article or editorial. An op-ed is a piece that expresses the opinion of an author usually not affiliated with the publication’s editorial board. This author could be a doctor, a group of doctors working together or any other health profession expressing their concern about, for example, the city’s air pollution situation. An op-ed has to be written well so that the journalist you are contacting does not need to make any more changes, but more than that, it has to be interesting. Everyone has an opinion, but how do you convey yours in a compelling way that others will want to read?
Golden rules for writing an op-ed:

- Be timely: your opinion will only matter if it is among the first to comment on a particular issue and if it does not repeat what others have already said.
- Make a strong link to your subject of expertise: if it’s health, talk health!
- Add unknown facts: try to add as much novel information as you can. Maybe cite a less known study or give an example others haven’t yet.
- Be aware of your audience: different newspapers have different audiences. Think about the one you are submitting your piece to and adjust your arguments respectively.
- Follow up: once you send your op-ed, it’s advisable to follow up after a few days, asking if they are interested in placing it.

It can sometimes be overwhelming for an individual to do all of this, from conceiving the idea, to writing a press release or op-ed, to pitching it to a number of journalists and outlets. This is why many individual health professionals often work with established organisations such as non-profits promoting health and a healthy environment who have the resources to interact with the media. Such organisations have a number of staff and are usually well connected to local and national media already. They can also help with drafting a story and the health professional can provide a commentary or quote to go with it.

Example: The local government is considering cutting a number of cycling routes to make more space for cars. A local organisation is writing an op-ed to argue for keeping these routes as the numbers of cars on the road should be decreased for climate purposes. You are being asked to provide a short comment on why keeping the cycling routes is beneficial from a health perspective too.

Timing

Regardless of whether you act as an individual, as part of a group of health professionals or are supported by an organisation, journalists need to be given some time to read and consider your story. Keep in mind, they receive dozens, in case of large outlets, sometimes even hundreds of emails and calls a day of people trying to pitch them a story. If for example you want to try to place an op-ed ahead of a new study looking at the health impacts of air pollution on children, consider sending that op-ed at least a week in advance.

Finding journalists and targeting your engagement

There are a wealth of channels for local, regional and national outreach. Check what level of outreach makes most sense for the story you would like to pitch, then look up the respective outlet online. You can simply Google the outlet and their editorial email address in most cases. Preferably, you will have the email address of a particular journalist rather than send your email to the editorial board, but for starters the latter is fine. If you work with organisations, as mentioned above, they are likely to have individual contacts established. Examples of key newsprint outlets for India are the Times of India, the Hindu, the Deccan Herald and the New Indian Express.

When journalists contact you

Once you are known to journalists, it might happen that you are asked to comment on a particular report, study, event or policy. Usually that would be in the form of an interview or a short commentary. Either way, it’s a great opportunity to get the health argument out there and if you feel comfortable about the topic they are requesting you to comment on, it can be a rewarding experience. Journalists often ask local health or environmental organisations to comment on pieces of legislation for example. This is another reason why teaming up with local groups might be something you want to consider.

Relationships with journalists

As mentioned, it takes time and effort to reach out to journalists and pitch your story. Once the contact is established, it can be a mutually beneficial relationship for a long time to come. The journalist knows they have a health expert to consult and you know you have a platform to represent the health argument and therefore speak for the benefit of the general population.
Social media is a great tool for communicating about air pollution and health, thanks to its accessibility and wide use among the general public as well as government bodies and policy makers.

Social media is free to use for everyone and can be a fantastic way to reach not only like-minded people for knowledge exchange, but also to make your voice(s) heard among policy makers.

**Examples of occasions to use social media**

- AQ monitoring exercise/citizens monitoring.
- Promotion of a forthcoming event.
- Comment on current events, new studies and news.
- Share local/first hand stories by those impacted.
- Share commentary/specific demands by health professionals.

There are many reasons that speak for engaging via social media:

- You can build and strengthen communities or networks, and encourage participation and engagement. Social media is people having conversations online, including two-way interactions (rather than just ‘broadcasting’ information).
- You can build awareness and the profile of your organisation.
- You can build a community of supporters and start relationships with other health groups, as well as donors.
- You can help grow people’s interest in, support for, and engagement with air quality campaigns and also increase the number of supporters, groups and advocates who are likely to spread the word, and get more involved with your organisation.
- You can encourage, support and host coordination for community air quality monitoring.
- You can share information on key successes and outcomes of your activities.
- You can lobby policy makers and government authorities.

The above are just ideas for social media objectives to inspire your communications - the significance of social media, and their application, will vary greatly according to your capacity, your audience, your objectives etc.
Popular social media channels vary greatly by country. If your goal is to reach a primarily Indian audience, you will want to use social media channels used in India. Using a good mix of each platform can be helpful.

**FACEBOOK:** In India, Facebook is by far the most popular social media platform. It has 260 million active users in the country—that’s the highest Facebook audience of any country. The largest user group by age on Facebook is 18–24 years, with a whopping 97.2 million users. In terms of the number of users per city, Mumbai has the highest number of Facebook users, followed by Delhi and Bengaluru. According to some statistics, 52% of Indians use Facebook as a source of news.

**TWITTER:** Whereas Twitter is very popular in the West, particularly to reach policy-makers, its popularity in India is very low compared to Facebook and Instagram. India has 11.45 million users on Twitter and 18% of social media users in India look at Twitter as a source of news. Twitter usage, unlike other platforms, is in decline - a 2.2% reduction per quarter. Gender inequality is very high on Twitter with 16% of the audience being female and 84% of the audience being male.

**INSTAGRAM:** There were 80 million people on Instagram in India as of January 2020. People between the ages of 18–24 are the largest age group for Instagram, so like Facebook it appears to be a platform for young people. If you want to reach younger audiences, Instagram is your go-to tool.

**WHATSAPP:** India has 400 million users on WhatsApp and it is commonly used by all generations. However, WhatsApp only allows you to reach people already in your circles, namely, people you already have in your contact list and groups. While this is great for spreading your message among like-minded people, and informing each other about events and similar, it does have its limitations when it comes to reaching a wider audience.

Below we’ve outlined a set of golden rules to help you think about messages, images or videos you might like to share.

**1 Choose your platform**

Popular social media channels vary greatly by country. If your goal is to reach a primarily Indian audience, you will want to use social media channels used in India. Using a good mix of each platform can be helpful.

**2 Test for success**

There are a range of different variables you can test (e.g. image type, message length) and a range of different metrics you can use to measure performance- try a variety of content and see how it performs to inform your next steps on social media.

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<tr>
<th>3</th>
<th>Quality is more important than quantity</th>
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<tbody>
<tr>
<td>The volume of content you put out on social media will vary significantly according to your capacity, your audience, your timezone, the platform, your objectives etc. If you have the capacity, it’s beneficial to post regularly. Platforms like Twitter for example see a high engagement by followers if you post multiple times a day. Generally, for any social media platforms, the more often you post something, the more often the platform will expose people to your posts. This means that over time, more people will become aware of your message.</td>
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<th>4</th>
<th>Targeting content</th>
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<tr>
<td>Where possible try to target your content to smaller, specific audiences (for example by profession or by location). This is especially true on Facebook where targeting can be a strong way to increase engagement with your key audiences. Whereas Facebook provides a number of very useful options for targeting, these do come with a price tag(^\text{12}). However, you can already engage in some low-level targeting by simply adding hashtags to your posts, or by tagging other relevant accounts in the photos you post.</td>
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<tr>
<th>5</th>
<th>Include a call to action</th>
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<tr>
<td>What do you want people to do, for example click, share or comment? Let them know in your posts.</td>
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<tr>
<th>6</th>
<th>Use images, audio and videos</th>
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<tr>
<td>Wherever possible in your posts - they are more likely to catch your followers’ attention and be shared and seen by a wider audience:</td>
<td></td>
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<tr>
<td>• Where possible, capture photography from meetings and events for social media. This is distinct from press photography, which tends to focus on a single shot, whereas social photography will produce a larger number of photos, with individuals visible and taggable in the photos (you can then encourage people to tag themselves and tweet these images).</td>
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<tr>
<td>• You could also produce web audio and video content (e.g. iPhone/webcam clips of events and reports from people involved in the work you do).</td>
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<th>7</th>
<th>Engage people in a conversation</th>
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<tr>
<td>It’s beneficial to engage your audience whenever possible- for example, to get people to comment on your post. Having users comment also helps your post gain wider visibility. Rather than just broadcasting about the project, campaign, news item or call for action you are sharing, you could ask open questions about people’s experience relating to it. For example ask about air pollution where they are.</td>
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\(^\text{12}\) “How to Understand Your Target Audience | Facebook for …”
Key players on social media

Below are just some of many accounts you could follow to get started. Following accounts talking about air quality, but also climate and wider environmental health will help you connect with likeminded groups and can inspire your social media outputs. It can also help keep you informed about articles, report or events coming up.

### Key global and Indian players in the field to follow, tag and share materials of (twitter handles)

#### Indian Twitter accounts engaged on air pollution
- Indian Institute of Public Health - @thePHFI
- Central Pollution Control Board- @CPCB_OFFICIAL
- Fridays For Future India @FFFIndia
- India Climate Collaborative- @IndiaClimCollab
- CSE Centre for Science and Environment- @CSEINDIA
- LetMeBreathe- @LetMeBreathe_In
- Warrior Moms India @WarriormomsIn
- Down To Earth- @down2earthindia
- Health and Environment Leadership Platform - @HELP_CEH
- Indian Institute of Forest Management- @IIfmBhopal
- Air Quality in India- @airqualityindia
- Air South Asia- @airsouthasia
- Faith for the Climate Network- @fftcnetwork
- GHG Platform India- @GHGPlatform_Ind

#### International Twitter accounts engaged on air pollution
- World Health Organization @WHO
- Dr. Maria Neira, WHO @DrMariaNeira
- GCHA @GCHAIndia
- HEAL @HealthandEnv
- UK Health Alliance on Climate Change @UKHealthClimate,
- Climate Home News @ClimateHome
- Institute of Health Metrics & Evaluation @IHME_UW
- Healthcare Without Harm @HCWithoutHarm @HCWHGlobal,
- UN Environment Asia Pacific- @UNEP_AsiaPac
- Connect4Climate @Connect4Climate
- EARTHDAY.ORG @EarthDayNetwork
- Clean Air Fund @cleanairfund
- C40 Cities- @c40cities
Below is an overview of government institutes and other bodies that you could tag in your posts on social media. You can tag them for at least two purposes: 1) to make them aware of your messages, work, upcoming events and whatever else you chose to share, and 2) to target them directly with your demands around air quality, if they are in any way relevant for decision making purposes. By searching for the below names on Twitter and Facebook, you can check if they each have social media accounts and what their handles are.

### a) Ministry of Environment, Forests & Climate Change (MoEFCC)

**Authorities/ Agencies under MoEFCC:**

- Central Pollution Control Board
- National Biodiversity Authority
- The Energy and Resources Institute (TERI)
- Indian Institute of Tropical Meteorology
- National Green Tribunal
- National River Conservation Directorate (NRCD)

**Centres of Excellence**

- Centre for Environment Education, Ahmedabad
- C. P. R. Environmental Education Centre, Chennai
- Centre of Excellence in Environmental Economics, Chennai
- Centre for Ecological Sciences, Bangalore
- Centre for Environmental Management of Degraded Ecosystem, Delhi
- Centre for Mining Environment, Dhanbad
- Sálim Ali Centre for Ornithology and Natural History (SACON), Coimbatore
- Tropical Botanic Garden and Research Institute, Thiruvananthapuram

**Autonomous institutions under MoEFCC**

- G. B. Pant Institute of Himalayan Environment and Development, Almora
- Indian Institute of Forest Management, Bhopal
- Indian Council of Forestry Research and Education (ICFRE), Dehradun
- Wildlife Institute of India (WII), Dehradun, India

### b) Ministry of Health and Family Welfare (MoHFW)

**Authorities/ Agencies under MoHFW:**

- Medical Council of India
- All India Institute of Hygiene and Public Health, Kolkata
- National Centre for Disease Control
- Indian Council of Medical Research

### c) Ministry of Science & Technology

- National Environmental Engineering Research Institute (NEERI)

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**Research Institutes Like Chest, Pulmonary, Lung Function, Asthma for Both Public and Private Research and Medical Facilities at The National and Sub National Levels**

- All India Institute of Medical Sciences, Delhi
- Chest Research Foundation, Pune
- National Institute of Tuberculosis and Respiratory Diseases, Delhi
- Vallabhbhai Patel Chest Institute (VPCI)
- St John’s Research Institute, Bangalore
- Public Health Foundation of India
- Chittaranjan National Cancer Institute, Kolkata
- Calcutta Medical College, Kolkata
- Vydehi Institute of Medical Sciences & Research Centre
In order to get started, it is advisable to plan out your goal of using social media to communicate and then create a plan of action. That plan could mean you:

- Consider preparing a social media calendar based on upcoming events, studies, publications and reports investigating air pollution and health.
- Consider preparing an overview of main media contacts and contact details of journalists.
- Consider starting a document with some first ideas for social media, where you can also collect visuals.
- Consider forming a small group with a couple of other health professionals to share materials among each other via WhatsApp for example.
- Consider getting in touch with local associations and organisations working on air quality and health.

This communications toolkit is intended as a guide to how to prepare and target communications about poor air quality. Approaches will vary in different countries and between sectors. Good communication will help build awareness and understanding of the serious health impacts of poor air quality and is essential to drive policy and behavioural change which will deliver clean air.
This toolkit is a product of extensive communications experience and the track record of the Health and Environment Alliance (HEAL) and the Global Climate and Health Alliance (GCHA), and from working with partners in India, especially in the city of Bengaluru.

Acknowledgements:

- Lead author and research: Vijoleta Gordeljevic (HEAL)
- Responsible editor: Genon K. Jensen, HEAL
- Editorial team: Anne Stauffer (HEAL), Frances MacGuire and Jeni Miller (GCHA), Ritwajit Das (consultant), Tridib Mondal (consultant)
- Design: JQ&ROS Visual Communications (jqrosvisual.eu)

HEAL and GCHA would like to thank Indian experts that were consulted for the writing of this toolkit for their invaluable input.

The Health and Environment Alliance (HEAL) is the leading not-for-profit organisation addressing how the environment affects human health in the European Union (EU) and beyond. HEAL works to shape laws and policies that promote planetary and human health and protect those most affected by pollution, and raise awareness on the benefits of environmental action for health.

HEAL’s over 90 member organisations include international, European, national and local groups of health professionals, not-for-profit health insurers, patients, citizens, women, youth, and environmental experts representing over 200 million people across the 53 countries of the WHO European Region.

As an alliance, HEAL brings independent and expert evidence from the health community to EU and global decision-making processes to inspire disease prevention and to promote a toxic-free, low-carbon, fair and healthy future.

HEAL’s EU Transparency Register Number: 00723343929-96
Contact: info@env-health.org

The Global Climate and Health Alliance (GCHA) is the leading global convener of health professional and health civil society organizations addressing climate change. We are a consortium of health and development organisations from around the world united by a shared vision of an equitable, sustainable future, in which the health impacts of climate change are minimized, and the health co-benefits of climate change mitigation are maximised. GCHA works to elevate the influential voice of the health community in policy making to address the climate crisis.

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Published in December 2020