

# ANNUAL SUMMIT REPORT 2022

Re-building, Re-structuring & Re-imagining Resilient  
Healthcare Systems in India in a Post Pandemic Era



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# Executive Summary

The Covid-19 pandemic, which hit the world two years ago, has taken a toll of more than 5.5 million lives and the world still seems to be struggling to find new ways of working, collaborating and building resilience. Most of the countries were unprepared when Covid first struck, and like the rest of the world, the healthcare delivery systems in India also initially struggled to keep pace during the devastating second wave. The world yet finds it difficult to articulate a robust plan due to the extreme amount of uncertainty that is present ahead. The pandemic revealed the deep-rooted challenges India and all countries face in ensuring quality healthcare access and equity to all.

Till now, more than 0.5 million lives have been lost in India due to Covid-19; however, estimates suggest that unreported figures are much higher, close to 4 million. With a mere 0.6 doctors and 0.9 hospital beds per 1,000 people, and the highest peak of 0.4 million new cases being reported in a day, India has learnt about the challenges of its healthcare system ranging from the paucity of hospital infrastructure, acute shortage of trained medical staff, no proper supply chains in procurement of life-saving equipment and the lack of technology in making quality healthcare accessible to and affordable for all.

In spite of these complications, the new strides which India achieved in its fight against Covid-19 through collaboration on patient recoveries, testing numbers, vaccine outreach, leveraging the potential of digital health, building capacity in diagnostics, relooking health insurance norms, harnessing the strengths of medical technology, comprehensive policies for senior care, home care and mental health, made India's will stronger towards re-building, re-structuring, and re-imagining a resilient healthcare system for the new era, the post-Covid era.

## **The next steps – after one billion vaccinations**

With India achieving the 1.6 billion vaccination landmark figure recently and close to 48% of the population fully vaccinated (vis-à-vis 51% of the world population fully vaccinated), under the leadership of a revamped Health Ministry, the Government has already begun the process of increasing health spending, which was 1.2% of GDP before Covid to reach 1.8% of GDP after the pandemic struck. However, it is suggested that public expenditure on healthcare should reach at least 2.5% of GDP to fast-track healthcare initiatives such as exploring new healthcare investment opportunities, increasing focus on non-communicable diseases and preventive health than fix and repair models, and intensifying private sector capital mobilization for inclusive development.

Several steps have been already taken in this direction - increasing health and wellness centres, free treatment for the marginalized, Jan Aushadhi Kendras, mobile hospital units, increased outlay for Covid vaccines by making it free for all, and the new Pradhan Mantri Atmanirbhar



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Swasth Bharat Yojana, which has in its ambit, expansion and increase the number of labs, healthcare institutions, district hospitals with critical care, and bringing in skill enhancement, human resources and digitization, but much more needs to be done. India is ranked 15th out of 188 countries on the list of countries with high out-of-pocket health expenditures, with more than 60% spent out-of-pocket on health expenditures (vis-à-vis a global average of 18%) as per World Bank. Increasing healthcare expenses have become one of the main reasons behind driving 55 million Indians every year into poverty and making several more, more reluctant to avail proper healthcare treatment.

## Addressing key gaps and systemic challenges by sustaining the collaborative spirit

As India looks towards recovery and prepares to combat future emergencies, collaboration and partnerships are the need of the hour as there is a need to have a fresh, radical approach to address key gaps in the public health systems. The future of public health demands that we stop looking for single-issue solutions and think more broadly about the connections that make up a healthy society. There are many areas around the evident gaps in healthcare infrastructure, equipment, human resource and supply chain where stakeholders can think beyond the box to build and strengthen capacity. Collective effort within the healthcare ecosystem has made it possible to achieve the unimaginable. To sustain this spirit, pilot models will be needed with anchor tenants, to provide a strong demonstrative effect for peers to follow in their footsteps.

India saw a huge leap in the adoption of digital health technologies in the last 22 months, and mobility and internet connectivity, are tools that can improve access through digital means. The industry needs to be pragmatic and realistic of the limits that can be leveraged by digital, given the realities of the hinterland. There is a need to train new workforce which is digitally capable to link the community with telehealth and members within the healthcare ecosystem must utilize their reach, expertise and convening power to find sustainable solutions benefiting people and galvanizing tangible outcomes. India also needs to incorporate in its plan, evolving and innovative models of care delivery, evidence-based medicine, incentive to investors, and growth sectors such as senior, home-based and community care.

*This is the time to come together to rebuild, restructure and reimagine our healthcare systems for the new era of the 21st century- the post-pandemic era.*

## Objectives of the Summit

With a global pandemic still predominantly leading to various manifestations of uncertainties and complications, certain immediate measures are required to bring in increased investments and resources into healthcare to enhance access, improve quality of health services and address foundational issues.



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Today, India stands at crossroads of time which is ready for change. The path to achieve this holistic goal hinges on collaboration, where all the health industry stakeholders can come together, deliberate, cooperate and work in tandem to bridge the vital gaps in service delivery. Public and private stakeholders both need to rethink how to address systemic issues in India, look at investing in and rebuilding healthcare infrastructure as a strategic asset. As a nation, India must look at planning the next 5 years in the first phase and perhaps decades ahead of putting back together the pieces and adding more elements to enable all to live the new normal.

At NATHEALTH, we believe that there is a compelling need to create a unique platform conducive to meaningful dialogue that paves the way for collaboration among various stakeholders. With this objective, the theme of the **NATHEALTH Summit 2022 was “Re-building, Re-structuring and Re-imagining resilient healthcare systems in India in a post pandemic era”**. We believe that this will further strengthen and reinforce the new post pandemic national healthcare agenda, for us to unite healthcare ecosystem especially at a time when the world finds itself at a challenging crossroad.

## Summit Framework

The NATHEALTH 8th Annual Summit 2022, “Reimagining collaboration to bring strengthen India’s healthcare growth trajectory Re-building, Re-structuring and Re-imagining resilient healthcare systems in India in a post pandemic era” is designed to bring industry and the Government together to discuss, deliberate and chart the way forward for a stronger, resilient India which can be ready for any future complications and uncertainties. This will be a platform to discuss learnings from the pandemic and the way forward, learn and adapt from global best practices from everyone in the healthcare ecosystem from start-ups to philanthropic organizations, create new operating mechanisms, harness knowledge and technology for best possible solutions.

## Plenary Sessions

The plenary session unified industry actors and key stakeholders for action from both private and public sector, with NATHEALTH playing the role of the facilitator in charting out a robust and viable transformation agenda, the one for the unknown and unexpected – the future.

The three primary focus areas of the plenary session in line with the objectives of our 8th Annual Summit 2022 are as follows:

- Building a resilient healthcare system in India –Key learnings from Covid-19
- Re-structuring healthcare financing for alternate care delivery and other innovative models
- Re-imagining integrated care delivery through digital adoption and supply chain innovation



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## Plenary Session 1: Building a resilient healthcare system in India – Key global lessons from Covid-19

### Discussion Track - Resilient Health Systems: How can mixed health systems be strengthened to adopt, absorb and transform post shock (Pandemic/disaster- man made or natural)

- a) What are a few health systems resilience frameworks and best practices, especially in the context of Covid pandemic?
- b) What are some key learnings from global model of excellence to strengthen domestic supply chain models (Atmanirbhar Bharat), and PPP models of skilling?
- c) How can we reach to last mile in the time of uncertainty, what are other areas that needs an immediate attention in healthcare delivery and models to address them?

The Covid pandemic has caused an unprecedented crisis with varying health system responses and outcomes across the globe. However, the pandemic has also opened a window of opportunity for health systems to become more resilient and prevent and mitigate the spread of Covid-19. Global experience suggests that no health system is an 'island' and every country has something to teach and learn from the way the pandemic was managed.

Health systems with robust primary healthcare foundations and governance systems in place, and those which experienced similar crises and learned from them, fared better in handling the Covid pandemic. The pandemic exposed vulnerabilities in supply chains, and stressed the need to build local production capacity and maintain more extensive inventories of essential supplies. Investment in human health resources and multitasking the existing health workforce was another critical lesson from every country.

The power of digital health care solutions for essential clinical services evolved rapidly worldwide. In various policies, strategies, and plans for building an effective and resilient healthcare system, active engagement with the private sector was evident from country experiences. The pandemic also brought out the stark inequalities within each health system regarding access to service delivery, medicines, health workforce, health technology, and financial protection.

The pandemic tested the resilience of the Indian health system and exposed weaknesses of health systems design and capacity, especially during the delta surge. However, reported positivity, hospitalizations, and deaths per million people were far lower than many advanced nations, even after correcting for unreported excess deaths during the pandemic. After initial shortages, the health systems geared up to improve testing, treatment, disease surveillance; integrated health management information systems; improve domestic ability in innovation;





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and scale-up production of essential medical supplies. A coordinated effort of the private health sector and private industry with the public health system helped better manage the pandemic.

India's ability to design, develop, test, and validate an indigenous vaccine is testimony to the inherent strengths of its private enterprise, public R&D. Strength of the private pharma and biotechnology industry coupled with an efficient public immunization system, ensured that nearly 80% of eligible Indians received full immunization against Covid virus within one year of vaccine development. The lessons from the Covid pandemic in India reiterated the need to increase investment in frontline health workers. Improving their capacities in handling complex situations is the need of the hour. The pandemic also brought out the importance of strengthening quality monitoring systems for health care facilities across the spectrum. Covid exposed the fragility of financial protection against the health crisis's catastrophic and impoverishing health expenses, even for people with health insurance protection.

Resilient health systems can provide essential health services without disruption, even in pandemic situations. The Ayushman Bharat program (establishing 150,000 Health & Wellness Clinics to strengthen primary health care, insuring ~100 million socioeconomically low-income families under Pradhan Mantri Jan Arogya Yojana), is the most critical strategy in that direction. Along with this, Ayushman Bharat Digital Mission (ABDM) aims to leverage digital technologies to transform health systems, and Atmanirbhar Bharat Health Infrastructure Mission (ABHIM) to strengthen public health systems. All these efforts aim to transform the current ecosystem to build resilient health care systems that could face subsequent shocks much better.

**Given this context, the suggested policies, strategies, and actions for building a resilient health system in India is outlined as follows:**

1. To evolve a national and sub-national framework for assessing health systems in terms of their ability to meet health & care needs of people during normal and crises times.
2. To redesign the ongoing health system for strengthening and transformational programs in order to prepare health systems for future shocks.
3. To set a goal of universal health and social financial protection to withstand health, social, economic, geopolitical and environmental crises.
4. To engage and co-opt private sector in policy formulation and implementation, and co-work in achieving public health goals.
5. To outline regulatory frameworks for providing oversight and stewardship and removing ambiguity to encourage new-age digital and molecular technologies.
6. To address the issues pertaining to health workforce for strengthening human resource capacities and capabilities.
7. To strengthen public health system in general and disease surveillance and control on the premise of 'One Health' in particular, towards pandemic prevention and preparedness.

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8. To institute institutional mechanisms towards evidence-informed health policy formulation and implementation, including community of consumers.
9. To support innovative financing for building additional capacities in underserved areas.
10. To give enhanced priority to quality and cost of care for driving efficiency and effectiveness.

## Plenary Session 2: Re-structuring healthcare financing for alternate care delivery and other innovative models

### Discussion Track - New infrastructure financing models which focus on generating viable revenue and high asset utilization for expanding hospital & healthcare capacity

- a) How to reduce out of pocket health expenses through alternative consumer financing and insurance penetration?
- b) What are some the opportunities and support available in India to invest in the healthcare sector, to bridge the supply-demand gaps in India?
- c) How to create value in India's continuum of care paradigm and asset light hospital infra through financing and innovation?

The Covid-19 pandemic has had a significant impact on the world. The virus was first identified in Wuhan, China, in December 2019 and spread quickly across the world, resulting in a series of national and localized lockdowns across countries. As of November 2021, over 250.36 million cases and 5.06 million deaths have been reported from all over the world.

Additionally, the multiple variants of the virus have made it challenging for governments and healthcare professionals to predict its trajectory. In India, the first cases of Covid-19 were reported in January 2020 and since then, over 32 million people have been infected in the country. A national lockdown was imposed in March 2020 to curb the spread of the virus. In early April 2021, a second wave on infections swept across the country, resulting in the daily case count rising to 400,000 and severely straining the healthcare system.

While the number of daily new confirmed cases has come down significantly (10,107 as of November 2021), the situation continues to remain uncertain. The pandemic has also brought about major changes in India's healthcare systems, some of which are likely to stay.

As we are returning to normalcy, hospitals and healthcare centres are realizing how digital as a lever has helped in accelerating contactless treatments and just-in-time decision making. Along with the shift in consumer needs, healthcare delivery has also undergone a concurrent shift. The pandemic has highlighted the need for partnerships driving ownership of the consumer across the care spectrum to ensure the best outcomes.



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The pandemic has resulted in the development of more holistic models of healthcare delivery. At the same time, there has been a preparatory shift across the healthcare value chain that is aimed at improving not only business, but also health outcomes. With contactless care gaining ample gravitas this pandemic, the focus has moved towards reducing and optimizing the number of interaction touch points between the health system and health seeker, without losing the quality of care. This new need to optimize such steps has resulted in deep minimalism – a concept closely associated with the ability of a system to simplify steps without losing quality.

The session discussed new infrastructure financing models, which focus on generating viable revenue and high asset utilization for expanding hospital capacity in rural settings; asset light models of hospital care delivery with focus on infra and financing innovations; alternate care delivery models such as senior care, home care, community care, rehabilitation centre and other innovative outside hospital care continuum models. To be utilized to drive efficiency in financing healthcare, and increasing insurance penetration through government and private participation.

The session aimed to answer the following key questions in presence of government officials, decision makers of various hospital and out of hospital care continuum chains including senior care, insurance cos, investors, start-ups and multi-lateral organizations etc. with a release of a pre-reader as well.

- Q1. The impact of Covid-19 across the various sub-sectors of India's healthcare landscape?
- Q2. How digitalization is helping to accelerate contactless healthcare, faster decision making and disrupting pharma practices?
- Q3. How healthcare providers are re-engineering their business model –The pandemic's impact has compelled healthcare organizations to rethink, re-prioritize and re-engineer the business models addressing the emerging challenges for the entire healthcare delivery ecosystem?

## **Plenary Session 3: Re-imagining integrated care delivery through digital adoption and supply chain innovation**

**Discussion Track - Innovative technology, digital analytics and supply chain integration are the key ways to maximize outcomes and make processes agile and efficient**

- a) How to harness the opportunities in India's digital revolution driven by consumers in the healthcare context?
- b) What are the significant initiatives of Ayushman Bharat Digital Mission (ABDM), how to leverage them and the way forward?
- c) How can innovative thinking, digital technology & analytics, and Value Based Procurement help in re-organizing supply chains and what are its critical enablers and bottlenecks?



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## Session 1: Setting the context

The healthcare market landscape is rapidly evolving in India. With shifts in disease burdens towards lifestyle diseases and long-term ailments, care delivery landscape in India is likely to see a transformational change. A notable catalyst of this change has been the Covid-19 pandemic – catalyzing acceptance of digital health services and development of innovative healthcare and technology solutions, at the same time exposing lacunae in conventional supply chains and infrastructure. Through the lens of this change, the session set the context with a focus on how care delivery in India can become more integrated, how digital adoption can change the healthcare landscape, and how digital innovations are becoming increasingly embedded in the nuts and bolts of healthcare delivery and supply chains.

**Presentation 1:** India's fast-evolving healthcare landscape poised for a digital revolution driven by Indian digital health consumers and global learnings, and best practices on how to address emerging technology needs in the context of integrated care

### Global trends and learnings on scaling health-tech adoption and driving innovation in healthcare delivery

Globally, healthcare delivery paradigms are shifting away from standalone, facility driven care, and towards integrated care management approaches. Driving the change is an increasing need for healthcare systems to be resilient, efficient, scale oriented and digitalized. In this evolving context, the session will explore global trends shaping India's healthcare ecosystem, the speed and adoption of digital enablement in care delivery, emerging scalable use cases for the system, and their impact on the Indian healthcare consumer.

### Indian Digital Health landscape and demystifying the "Indian digital health consumer"

The Indian healthcare consumer is not monolithic and is characterized by a wide range of demographic, socio-economic, behavioral and regional dynamics. While the opportunities for digital health are significant, enabling the right ecosystem approach towards digital health is critical. The digital health consumer survey will shed light on consumer needs and challenges, the constituents of the digital health landscape and how the health consumer preferences are evolving. The session identified contrast key success stories in areas such as e-pharmacies, health aggregators, and telemedicine with segment-level maturity of offerings and key market gaps.

### Digital Health Opportunities in India

While opportunities in the segment and the digital health consumer needs are evident in the Indian marketplace, at-scale adoption of digital solutions in India remains a challenge. Gap identification in soft and hard infrastructure, disease burden shifts, evolving payor networks and privately funded healthcare are key drivers of digital health evolution. The potential impact of



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Ayushman Bharat Digital Mission (ABDM) deployment is also likely to drive change in brick-and-mortar healthcare provision. At the same time, opportunities across the care continuum for digital health offerings and services in India are significant, if use cases can be prioritized effectively – targeting enhanced consumer experience, front-end care delivery. However, digital health is not just limited to front-end care delivery, but can also play a role in transforming supply chain management, adoption of global best practices and technology and Value Based Procurement practices by healthcare players. These aspects and their impact were discussed.

## Innovation & Digital Imperatives for the Indian healthcare ecosystem

Innovation within digital healthcare is not just an imperative for healthcare practitioners and providers, but also critically enabled by the adjacent ecosystem participants like investors, start-up players, governmental bodies, payors and technology participants. How these participants can contribute to the ecosystem, how to develop a culture of innovation and key catalysts and accelerants of change, were covered in this discussion.

**Keynote Address:** Ayushman Bharat Digital Mission: Vision, objectives, achievements, latest initiatives, challenges, success factors and support needed from industry

The advancement of digital healthcare within India is no longer a priority of private participants, but is now a priority from a policy and regulatory perspective as well. The ABDM aims to develop a backbone necessary to support the integrated digital health infrastructure of the country. The program aims to bridge the existing gap amongst different stakeholders of the healthcare ecosystem through digital highways, standardization and common platform development for health information tracking and exchange.

The address aimed to cover what could be the impact of the program implementation on the key participants in the healthcare ecosystem, how ABDM will shape healthcare transformation in India, what new opportunities may be created in the Indian ecosystem, what could be factors that determine success of players in the emerging landscape, and what would be an envisioned end-state for the industry as a result of the program.

**Panel Discussion 1:** Removing bottlenecks and seizing opportunities on ABDM by large scale digital adoption by consumers and industry players

The ABDM aims to benefit various stakeholders across the healthcare ecosystem, such as patients, healthcare professionals, researchers and policy makers by enabling safe storage and easy access of medical records, access to accurate information on healthcare providers, better decision making by the Government through geography and demography based monitoring, and effective evaluation of various programmes and interventions. Although a highly ambitious



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initiative, large scale success of the initiative is dependent on adoption and internalization of the targeted components by industry players.

At the same time, at the consumer level, there are several ecosystem changes that need to be brought about to make the program effective. The focus of the panel discussion was to understand senior stakeholder viewpoints on the main constraints that private and public healthcare institutions face in scaling up digital adoption, the key areas of convergence in Digital Health across consumer needs and industry expectations, how convergence can be catalyzed by the ABDM program, how it can influence healthcare going forward and how can these opportunities be targeted effectively by the healthcare players.

## **Panel Discussion 2: Reorganizing Supply Chains through digital adoption, innovation and Value Based Procurement**

Increased speed of innovation and digital technology are changing the shape of procurement functions in India. Innovative and best practices in use of Big Data and Procurement Analytics are likely to become mainstream foundations for effective category management – especially in a healthcare context where procurement categories are complex, supplier networks are widespread, and criticality for patient safety is high.

Procurement excellence, is thus a strategic tool for healthcare providers and is a key operational differentiator. It is fundamental to have an effective Value Based Procurement process and a digitally enabled SCM strategy, an effective performance management frame and processes. It is also vital to develop the right organizational framework that is supported by effective talent management and IT systems. However, meaningful differentiations can be driven by targeted innovation in supplier management, product life cycle management and ordering mechanisms. These and other relevant aspects were explored along with a panel of leading experts and C-Suite functionaries in this panel discussion.

## **Session: Best Practices in Healthcare CSR**

### **Discussion Track 1 - Best Practices in Healthcare CSR**

- What best practices in healthcare CSR can lead to maximum impact from the philanthropic capital?
- What are the best practices already being followed in the industry and which ones need to be inculcated across the system & firms?



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## Discussion Track 2 - How CSR Best Practices can be implemented on ground to create maximum impact

- Which are the most important best practices in healthcare CSR, which can lead to maximum impact from the philanthropic capital?
- What are some of the key focus areas, which can be prioritized to avoid de-fragmentation of philanthropic funds?
- If firms like NATHEALTH create standard products on these focused areas – how can they stand out and create a dent in Indian philanthropy?

### Session a: Best Practices in Healthcare CSR

The CSR laws were implemented in 2014. During that time, the focus of corporates was on compliance and to navigate the laws without getting into trouble. However, with time, firms have started focusing on delivering measurable impact from their CSR investment. The pandemic has caused a tectonic shift in the mindset of organizations, where solving social problems has now become top-of-the-mind for many corporate leaders.

Given the proof-of-concept examples seen in the last couple of years, we have collated the best practices in healthcare CSR. These will enable corporates to get maximum value in terms of impact, with the same investment by engaging problem-solving capabilities, which corporates have got a good grip on, enabling collaboration and applying a strategic lens to CSR.

### Session b: Implementation of CSR best practices

This session was a panel discussion with corporate leaders, regarding the best healthcare CSR practices discussed in Session a. The panel consisted of high-impact non-profit leaders and for-profit CSR leaders.

Discussion focussed on the challenges & opportunities in healthcare CSR, and how these best practices can be implemented in some key focus areas. Also, how some standard products can be created by catering to these sectors and by bringing the best practices on ground.

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## Business Opportunity Pavilion

Based on the objectives of this Summit, a unique way of learning and collaboration for the entire healthcare ecosystem was presented as the "Business Opportunity Pavilion". An opportunity for everyone to learn from various stakeholders from around the world who are building highly innovative models in healthcare, which has proved to be highly resilient during the pandemic and has the potential to become the 'next big thing' in this new era of uncertainties. At the same time, it presented new opportunities to collaborate with each other to create new win-win outcomes. Business Opportunity Pavilion offered owners of unique business opportunities related to healthcare from around the world and India to showcase and exhibit themselves to all the participants of the Annual Summit to:

1. Partner with investors, industry leaders, delegates, etc.
2. Promote their innovation
3. Gain market expertise and understanding through discussions and networking

## Start-up Innovation Hub

With 16th January announced as the National Start-up Day, the year 2021 has witnessed a tremendous rise in the growth of start-ups in India, each one trying to solve a new problem. The healthcare sector is not too behind, with close to 6,500+ health related start-ups in India active, with a majority of them been set-up in last three years.

Amid the entrepreneurship fervour in the country, the Summit provided an opportunity to leading start-ups in healthcare to present their innovative business models and the key challenges they are facing. Start-ups and business leaders leveraged this platform to connect with each other for access to technology, investments, and collaboration to support the upcoming players in the healthcare ecosystem. In the audience, there were leading business accelerators, VCs, angel investors and leading healthcare companies and this facilitation led to mentorship, investments and partnerships with private sector leading to increased market access opportunities.

## Healthcare CSR Awards Ceremony

With an aim to unite all stakeholders in healthcare, NATHEALTH presented the Healthcare CSR Awards Ceremony to bring together and felicitate corporations practicing healthcare CSR and other philanthropic organizations in this field. This session started with a presentation on the best practices in healthcare CSR activities, key lessons and challenges faced on the ground level with the release of a best practices document followed by a series of discussions.

It also enumerated the roles and principles that NATHEALTH on behalf of industry and other key stakeholders should envision to follow to shape this nascent healthcare CSR sector to catalyze innovations. Further, organizations with commendable CSR practices were identified and felicitated for their efforts by an esteemed jury of global recognition.





## Inaugural Session

A congregation of industry leaders' addresses & whitepaper releases to commence the Summit

## Leaders Speak

**"With improved public private collaborations, India's healthcare system can be rebuilt, restructured & reimagined"**



**Shri. M. Venkaiah Naidu Ji**

*Hon'ble Vice President of India  
Government of India*

*There is a pressing need to increase public expenditure in health. The Government has set a target of 2.5% of GDP by 2025 in the National Health Policy. This should be complemented by capacity building, comprehensive & cost-effective healthcare, and digital health tools.*

### Re-building, Re-structuring & Re-imagining Resilient Healthcare Systems in India

While India has shown great resilience in the face of adversity, the pandemic reinforced the need to strengthen India's healthcare infrastructure. Achievements like indigenous development of vaccines, administration of over 180 crore doses, and a parallel rapid scaling of diagnostic facilities are global benchmarks. It bears testimony to the collective resolve to meet this grave unforeseen challenge.

#### Valuable lessons accrued

- Deficiencies in infrastructure
- Limited penetration of digital health
- Last mile delivery of health services under real disparities in health
- Pressing need to increase public expenditure in health

#### Government's resolve for a resilient India

- The Government has set a target of 2.5% of GDP by 2025 in the National Health Policy.
- Capacity building (increasing the doctor to population ratio at the WHO standards & more).
- Bridging the spatial disparity in healthcare between urban, semi-urban and rural areas.
- Boosting primary health in a holistic, comprehensive and cost effective way.
- Reducing out of pocket expenditure, especially for the marginalized sections.
- Leveraging strengths in information communications, technologies.
- Ensuring equitable access to quality healthcare.
- Experts & cultural icons to lead lifestyle diseases awareness campaigns.
- Outcome-based PPPs.



## Leaders Speak

**"With a collective healthcare force, India should look at transformation to meet the new healthcare challenges"**



**Dr. Prathap C Reddy**

Founder President NATHEALTH  
Founder Chairman Apollo Hospital, during  
the Inaugural Ceremony

India can transform itself to meet the new healthcare challenges. Today, India has a force that previously did not exist. Earlier, the force was segregated. However, these components have come together through the efforts of NATHEALTH and its members, and the combined force is ready to take up any challenge.

### Re-imagining India by fighting NCDs & adopting precision medicine via AI, datamatics, robotics & more

India's next strategic plan should be tackling of NCDs on a macro level. As per the World Economic Forum, by 2030, the world will face a new big threat from Non-Communicable Diseases such as diabetes, heart attack, strokes, cancer, infectious diseases, obesity and mental disorders.

- The cost burden of healthcare (NCDs) would be alarmingly high, putting a pressure on India's already burdened population.
- India needs to transform itself to meet these new healthcare challenges. With a newly-formed collective healthcare force post the pandemic, many healthcare delivery components have come together, which can enable this transformation.
- The country should start by building a robust preventive care system and spreading awareness about NCDs & more.
- Technological advancements in healthcare like AI, datamatics, robotics, and 3D printing, all have the capacity to make a significant impact in managing NCDs by providing precision medicine to people.

**Positioning India as a global health destination** should be achieved by promoting yoga, meditation, and naturopathy. Additionally, India's vision should be to fill the world's deficient healthcare workforce by pushing the agenda of training doctors, nurses, paramedics, managers, and pharmacists.



## Leaders Speak

**"India is the 'pharmacy of the world'. Trajectory should be elevated by innovation, R&D and supply chain mechanisms for a re-imagined system"**



**Smt. S Aparna**

Secretary, Department of Pharmaceuticals  
during the Inaugural Ceremony

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*Gol has launched and implemented production linked incentive schemes for the pharma sector with an outlay of almost Rs. 22,000 crore. The Government would build synergies, both through industry academia linkages & cross-sectors collaborations, to ensure that it can leverage tools towards providing more innovative and affordable health products.*  
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### India's trajectory in pharma manufacturing, innovations & supply chain mechanisms

- India is a leader in the generic space, contributing close to 22% of the global share in the generic market and has been the 'pharmacy of the world' during the last two years - providing affordable and accessible drugs of high quality and to over 180 countries globally.
- Sustenance of pharma global partnerships in effective application of licensing arrangements should be maintained to close in on the demand-supply gap (it has enabled a reduction of prices by 30-60% by the manufacturers).
- Ensuring sustainable, low-cost innovations in the medical device sector with enough support and investments, can move India to a global leadership position, while building domestic resilience over the next two decades.
- As the pandemic fast-paced acceptance and adoption of digital health tools, Indian players can now leverage the strong IT talent pool & infrastructure to develop AI, machine learning, robotics and automation to bring down manufacturing cost, maintain higher quality.
- High order data analytics should be used to assist in clinical management and quality assurance.
- Supply chain innovations & manufacturing capacities should be improved via reconfiguration of supply chain in healthcare. This can be achieved by diversifying the supply chain and building domestic capacities.
- India should embark on a self-reliance trajectory in raw materials such as APIs to drug security, manufacturing equipment and medical devices that are used both in diagnosis as well as in treatment. In the years to come, many countries will resort to multi-location manufacturing and sourcing and these offer opportunities for India too.



## Leaders Speak

**"The 4 pillars of Ayushman Bharat can create a resilient health system. This is how the Union Government is reimagining healthcare delivery in India"**



**Shri. Rajesh Bhushan**

Secretary, Ministry of Health and family Welfare, during the Inaugural Ceremony

Under the Ayushman Bharat Health Infrastructure Mission, there is a highly ambitious Rs. 64,000 crore outlay scheme for the next 5 years for building health infrastructure. The Mission will ensure a diagnostic facility and a public health lab in every block. This would happen for the first time in India.

### The role of Ayushman Bharat in building a resilient & re-imagined India

Ayushman Bharat's four pillars of Health and Wellness Centres, Pradhan Mantri Jan Arogya Yojna, Ayushman Bharat Digital Mission, and Pradhan Mantri Health Infrastructure Mission - lead to resilience.

- By creating 1,50,000 Health and Wellness Centres across India, will improve health services delivery.
- India will be reimagined when the remote & rural population can easily visit their wellness centers for free diagnostics, free medicines, free screening of common cancers, free screening of hypertension & diabetes, and more.
- The next mile delivery of treatments will be through secondary or tertiary health care centers (currently there exists a panel of 25,000 city and tertiary care hospitals including public and private).
- Government will ensure the care continuum via telemedicine and follow-up on treated patients through the Ayushman Bharat Digital Mission.
- A robust health infrastructure is being built to relieve states from healthcare deficit through a diagnostic facility and a public health lab in every block - a first for India.
- All districts with more than 5 lakh populations will have a critical care block of 50-100 beds within the campus of the district hospital. In areas where population is below 5 lakh, a referral facility in a referral transport system will be created. It will bring patients from the smaller districts to the bigger districts with the critical care blocks. India will build a decentralized critical care system in every district.
- There is a highly ambitious Rs. 64,000 crore outlay scheme for the next 5 years for building health infrastructure. With the help of private health sector and health startups, India is finding sustainable PPP models along with numerous other initiatives.

## Signing of MoU between NATHEALTH & GAPIO



*MoU signing ceremony of NATHEALTH & GAPIO (The Global Association of Physicians of Indian Origin)*

NATHEALTH and GAPIO (The Global Association of Physicians of Indian Origin), signed an MoU during the Inaugural Session of the Summit. GAPIO is a not-for-profit organization established in 2011 with the Founder President being Padma Vibhushan Dr. Prathap C Reddy, the Chairman of Apollo Hospitals Group. GAPIO aims to bring 1.4 million doctors of Indian origin on one platform and now has members from 54 countries.

### **Objectives of the MoU focus on rebuilding and strengthening Indian health systems**

The MoU will promote synergy of action, more effective use of both association's resources, memberships and provide wider representation of the healthcare industry. NATHEALTH and GAPIO are united by common interest and objectives, and they shall:

- Establish channels of communication and co-operation
- Promote and advance the objectives of the members through common dialogue and representation
- Work on skilling & upskilling of healthcare resources
- Raise awareness of NCDs to reduce economic burden
- Support Government's Heal in India, futuristic digital mission and unlock opportunities for access to affordable Health Care using Digital Technology
- Promote innovations in Healthcare Financing
- Work together in formulating a patient charter that helps create awareness and builds trust between patients and hospitals
- Support efforts to increase access to affordable healthcare particularly in remote areas through technology and telemedicine
- Promote startups in healthcare particularly focusing on elderly care and geriatrics
- Promote establishment of national registries by Government in organ transplant



## Value-based Procurement (VBP) Paper Release



*Release of VBP paper developed by APACMED and NATHEALTH in technical collaboration with PwC*

NATHEALTH, in association with APACMED, launched a study titled "Value Based Procurement in MedTech", in the presence of Smt. S Aparna, Secretary, Department of Pharmaceuticals, during NATHEALTH's 8th Annual Summit.

### **Key focus areas include:**

1. Concept & VBP in the global landscape
2. Procurement in the Indian healthcare ecosystem
3. Challenges for implementing VBP in India
4. Broad contours for VBP framework in India

### **Targetted outcomes of the study**

- Progress confidentially into India's vision of achieving a proactive healthcare system.
- The suggested VBP framework to comprehensively assess patient outcomes, stakeholder benefits, access to care, long term relevance, and lifecycle costs.
- Both public or private providers to customize the framework parameters and elements according to their needs.
- Comprehensive approach advised with engagement of all key - Government, MedTech companies, healthcare providers and the payors.
- Address limitations in terms of the inputs, the processes, and outputs of the standard L1 procurement (the current prevalent model).
- A pilot to showcase the on ground functioning of VBP in the Indian scenario.

### **The suggested VBP process in the study**

- Defining desired outcomes and evaluation criteria in the tender
- Competitive dialogue and shortlisting the closest matches
- Cost & benefit analysis through VBP framework
- Awarding the tender & maximizing the value proposition mutually

## Release of Embedded Taxes Study



*Release of Embedded Taxes in the Healthcare Sector of India study developed by NATHEALTH & E&Y*

NATHEALTH, in association with E&Y, launched a detailed GST study titled "Embedded Taxes in the Healthcare Sector of India", in the presence of Shri. Rajesh Bhushan, Secretary, Ministry of Health and Family Welfare, during NATHEALTH's 8th Annual Summit.

### Focus areas

1. Impact of GST Rate structure employable in Healthcare Sector
2. Analysis & Scrutiny of gathered tax data
3. Key findings for Hospitals, Testing Labs
4. Comparison with Pre-GST taxes
5. Recommendations & Future Steps

### Key recommendations of the GST Study

A wider discussion to be taken up amongst stakeholders in the healthcare sector on the following recommended options pertaining to the future of GST rate rationalization in the healthcare sector:

- **Option 1** – In this option, status quo is maintained, and the healthcare sector continues to be exempt in the GST regime.
- **Option 2** – In this option, zero rating on healthcare services is proposed. This will cause no change in price to the consumers while also reducing the burden of embedded taxes on healthcare service providers.
- **Option 3** – In this option, a suitable GST rate may be levied on output services for all private hospitals and an optional dual rate structure may be given for Government establishments.
- **Option 4** – Employing a combination of above listed options.

As the entire exercise of GST rate structure rationalization is under examination by a commission under GST council, the study requests that at least a few important items which account for a significant proportion of embedded taxes could be brought to a merit rate, providing some relief to the healthcare services segment, and at least neutralize the increase of 1.5% post covid (in GST regime).





# Takeways

## Inaugural Session

- Government's resolve for a resilient India is strategic, with a target of 2.5% of GDP by 2025 in the National Health Policy
- Government keen on building a resilient India by the Ayushman Bharat Health Infrastructure Mission, with a Rs. 64,000 crore outlay scheme for the next 5 years
- Bridge the spatial disparity in healthcare between urban, semi-urban and rural areas via digital health, home healthcare, value-based procurement, GST revolutions, healthcare financing, healthcare CSR & outcome-based PPPs
- Re-imagine India by fighting NCDs & adopting precision medicine via AI, datamatics, robotics & more
- Position India as a global health destination by promoting yoga, meditation, and naturopathy
- India should fill the world's deficient healthcare workforce by pushing the agenda of training doctors, nurses, paramedics, managers, and pharmacists
- High order data analytics to be used to assist in clinical management and quality assurance
- Experts & cultural icons should lead lifestyle diseases awareness campaigns
- Embark on a self-reliance trajectory; invest in research; reduce import dependence
- Product diversification in cell and gene therapy and biologics needed
- Urgent need for a blended finance approach for select healthcare sectors



# Plenary Session 1

Building a resilient healthcare system  
in India – Key learnings from COVID

Knowledge Partner  
Plenary Session 1

**ACCESS**  
health international

# Introduction



*Dr. Ashutosh Raghuvanshi  
VP – NATHEALTH, MD & CEO, Fortis Hospitals, setting the context*

The pandemic has given many lessons around political processes and regulatory framework to be developed for future responses at both domestic and international levels. There is a need to take a people-centric approach and prioritize meaningful engagement with affected communities. “Equity and access” must move beyond words to action, collateral impact on other health programs must be assessed with diversion of resources to pandemic response, and there is greater need for an open, transparent, inclusive process which brings in other sectors as well.

Building this system along with the learnings from covid is required. Covid demonstrated some of the structural issues with the healthcare systems, not only in India, but all over the world. There are important lessons to be learnt from this phase, and take this forward to the next level of learning to tackle the future challenges.

While we have and are fighting the current pandemic, it is vital to also keep a check on the silent epidemic of NCDs in India, like chronic kidney disease, diabetes, hypertension, and mental health. Similarly, building an infrastructure to boost domestic production of medical devices, and consumables, is an important aspect of creating a healthy ecosystem at the national level. Human resources are also a vital part of the whole system. Upgrading the medical education systems, upskilling the healthcare professionals, and empowering nurses to become practitioners, should be the future focus areas.

India should review health as a more interconnected sector, and include holistic healthcare in the modern medicine.

## Global Best Practices on Health Systems Resilience

Resilience is the ability to prepare for absorption of calamities, recover, learn and adapt from a shock to build back better. Globally, during the last two decades, most of the discourse was about strengthening health systems from weak to strong during normal times. However, it is important to understand that resilience is fragility and the vulnerability to an unexpected shock either due to war, pandemic, or a climate change. In the Indian context, the objective of resilience should be the learnings from the last two years.

### Resilience frameworks as per global definitions

- Assessment of healthcare sector performance should be as a wholesome system.
- Countries must evolve their fragmented healthcare sectors into a cohesive, self-regulated, self-governing, and self-growing system.
- All stakeholders to have equal responsibility for the purpose of the macro health system.

### Redefining health through global learnings on resilience

Successful global resilient systems have achieved it by redefining their health indicators.

- There is a need to redefine the functions of health systems, their assessment frameworks, and indicators in the context of health shocks.
- Understand that resilience is the ability to reserve the capacity to meet unexpected needs.
- Bring disruption in the way healthcare is delivered.
- Utilize digital technology to democratize the meaning of the health workforce, so that patients can access specialists anywhere in the world.

### WHO's six building blocks framework for a resilient system

Health systems world over are typically viewed from the 'six building blocks framework' of the WHO, which is equally applicable to public and private health systems. These are:

- Health provision
- Health financing
- Health workforce
- Health goods
- Health information
- Leadership & governance

These six building blocks need to be redesigned for the four stages of health shock:

- Prevent and prepare
- Respond
- Recover
- learn and transform

## Global Best Practices on Health Systems Resilience



Healthcare should be consolidated and not fragmented, like India, where there are private providers, public providers, modern healthcare, traditional healthcare, formal and informal providers. If India needs to learn from global health delivery systems, the most important lesson would be to learn and create a neural network that connects this fragmented network.

**Dr. Krishna Reddy Nallamalla**  
Regional Director of ACCESS Health International, South Asia

### Elevate health systems to the next level via health information exchange

Globally, there is major focus on health systems to evolve to the next level to build resilience. This is where information plays a role, which makes a healthcare system robust and resilient. Indian players (public & private) should start exploring ways to achieve resilience by sharing the health information where it is required. The Indian Government's new policies are supporting a national digital health architecture. It is now up to the players to participate in the greater public good of sharing information for big data analysis.

### More learnings from globally-resilient systems

- Evolve assessment frameworks and indicators for private health systems and subsystems (providers, payers, and producers of human, material, and technology resources).
- Develop resilience of supply-chains in the context of pandemics, wars & climate changes.
- Balance between resource optimization for efficiency during normal times and higher surplus capacities for resilience during crisis times.
- Enable smooth private sector engagement as part of good governance systems across the stages of the shock cycle.



## Leaders Speak

### "Explore a complete revamp of India's healthcare system to infuse restructuring & rebuilding"



#### **Shri. CK Mishra**

*Former Secretary, Ministry of Environment, Forest & Climate Change & MoHFW*

*Across the world, Government funding is critical, but a huge amount of private investment is required too. Another critical factor is to remove knee-jerk reactive investments, which are solely need-, time-, and urgency-based. Healthcare investments, instead, should be process-oriented projects and not based on urgencies.*

Resilience consists of two aspects: the healthcare system & its delivery mechanism. India needs to re-visit the existing four-tiered health system and understand if a complete revamp of the system is needed to infuse more resilience.

India's health system delivery has poor access in both public and private care. With a GDP share of 2.4%, it is tough to build manpower, along with infrastructure and other needs. Initiatives like responsible, outcome-based PPPs and removing the trust deficit can make this journey easier.

#### **Allocating Government funding and resources to build a resilient India**

- India has done well to strengthen primary, preventive, and promotive health. It is now time to focus on non-fiscal issues like creating a blueprint of the public and private partnership, especially after the pandemic learnings.
- Notice and remove knee-jerk reactive investments, which are solely need-, time-, and urgency-based. Healthcare investments should be process-oriented projects and not knee-jerk investments based on urgencies.
- Answer questions of lacking basic health infrastructure.
- Focus on geographies and design the Government structures appropriately.
- Create an ecosystem where the private sector can actually enter and sustain in tier three cities.

## Recognizing the need for a synergized & reimagined healthcare system in the pandemic era



Our focus in India, during the pandemic, was on skilling up domestic manufacturing of the central test material. It helped bring down the cost of testing by approximately 97% (from approximately \$70 to \$7). This helped increase the affordability and availability of critical diagnostics.

**Ms. Deepali Khanna**  
Managing Director, Asia Regional Office  
The Rockefeller Foundation

As countries begin to build back and restructure systems for a more resilient future, it is important for the stakeholders across Government, private sector, medical communities, public policies, and academia to find synergies across the world and collaboratively build stronger public health systems.

**Making India-suitable roadmaps:** Learnings should be taken from organizations like the Rockefeller Foundation, where collaboration and innovation are utilized to strengthen accessibility and equity in the public health sphere. The Foundation has created India-suitable roadmaps, which stem from its experience of more than a century of impactful philanthropy globally.

**Bringing down the cost of diagnostics:** The pandemic highlighted the need of increasing access to diagnostics, world over. However, access should be accompanied with affordability to shape sustainable and practical initiatives in India. An example is the partnership with the Principal Scientific Advisor to the Government of India, which enabled the Rockefeller Foundation to work with CCAMP (Central Cellular And Molecular Platforms). This focus on skilling up domestic manufacturing of the central test material helped bring down the cost of testing by approximately 97% (from approximately \$70 to \$7). It increased the affordability and availability of critical diagnostics, which were crucial to India's pandemic response at the time and continue to play an important role as the pandemic continues or wears off.

**Strengthening testing & tracing mechanisms:** As the pandemic progresses through various stages and with mutations that cause serious waves around the world, it has reinforced the need to not just keep up with the virus, but to be one step ahead of it. There is a need for having a thread detection system that is trusted and used worldwide to end Covid 19 and also protect the world from future threads.

Collaboration is key to build and strengthen networks swiftly, accurately, and collaboratively. Thus, the Rockefeller Foundation has launched a Global Pandemic Prevention Institute in 2021. In India, it is supporting a coalition of organizations led by the Centre of Cellular and Molecular Biology.

# Plenary Session I

## Panel Discussion - Building Resilient Healthcare System in India

**Moderator:** Dr. Krishna Reddy Nallamalla, Regional Director of ACCESS Health International, South Asia

### Experts:

- Dr. Dale Huntington, Senior Director Health Care Systems Policy, JNJ
- Prof. Prashant Yadav, Affiliate Professor, INSEAD, Lancet Covid-19 Commission
- Mr. Punit Kohli, Managing Director, Fresenius Medical Care, India
- Dr. Om Manchanda, Managing Director, Dr Lal Path Labs
- Mr. Ashwajit Singh, Managing Director - IPE Global (P) Ltd



*Experts during the panel discussion*



## Panel Discussion - Building Resilient Healthcare System in India

A resilient health system needs a collaborative approach, funding, financing, and a commitment from all stakeholders, whether public or private.

**Gauging the current fund utilization & implementation:** Stakeholders need to answer the question: is fund utilization & implementation going in the right direction.

- To improve efficiency, and build resilient systems, improve upon the existing primary hospitals and other healthcare infrastructure.
- Ensure the manpower in those hospitals is adequate.
- Foresee private sector participation in the operation and maintenance of hospitals.
- Improve utilization of current funds, before exploring enhanced funding in the ecosystem.

**To bring resilience, create an enabling environment for market entry:** Private players are willing to cater tier 2-4 locations. However, they face market entry hurdles like, lack of an enabling framework, policies, and barriers in RoI. The health sector globally has the highest quantum of funds available when it comes to private sector financing. However, there are pertinent issues of the long gestation period and capital intensive investment into the health sector. Therefore, the Government needs to come up with a more favourable, enabling environment.

**Blended financing models are the future:** Innovative financing models for start-ups need to be explored to encourage start-ups, innovations and low-cost high-quality care. A blended finance facility can shape the future of innovative financing in the private health sector. Through this, start-ups can get multi-window market access and other innovative financial products like, social safety, partial risk guarantees, equity, finance, help in deck preparation. Till date, India has seen about 22 start-ups being funded through a blended model.

**Resilience means being prepared for crisis:** The last two years have taught healthcare leaders to be prepared for a crisis situation from multiple angles, like:

- Employee wellbeing, mental health & motivation
- Managing patient behavior
- Media interactions
- Internal operational stress
- Medico-legal cases (PILs)
- Perception management
- Concentrated industry efforts
- The shift from physical to digital

## Panel Discussion - Building Resilient Healthcare System in India

**Building public private & other seamless integrations:** The pandemic taught India that resilience can be achieved by working of public private partnerships and other stakeholders in a seamless fashion. Be it clinicians, management, scientists, medical bodies, associations, academic institutions and more. Below initiatives can help:

- More private sector participation on policy level and in task forces.
- Remove bottlenecks for a sustainable and long-term integration, like:
  1. Uncertainty of demand
  2. Pricing and projections of different Government bodies at different locations
  3. Decentralized systems
  4. Lack of efficiency on multiple levels
- **A case study for resilient systems:** In the second wave of Covid, Mumbai was going through a terrible phase, with dialysis patients losing lives due to untimely dialysis. Fresenius Medical Care thus launched project 'Victory', which was a collaboration of Brihanmumbai Municipal Corporation (BMC), Apex Kidney Foundation and IIT Mumbai. IIT Mumbai developed a tech enabled platform, which connects all the nephrologists from Mumbai and the dialysis centres. Apex Kidney Care trained about 150 technicians in a record time; they also connected all the hospitals and rearranged the machines. The entire platform managed 4400 dialysis patients without any single mortality. This is a great model built in a limited time and a perfect example of public private collaboration model to create a resilient India.

**Mr. Ashwajit Singh**  
Managing Director - IPE Global (P) Ltd

*The health sector globally has the highest quantum of funds available when it comes to private sector financing. However, there are pertinent issues of the long gestation period and capital intensive investment into the health sector. Therefore, the Government needs to come up with a more favourable, enabling environment.*

**Dr. Krishna Reddy Nallamalla**  
Regional Director of ACCESS Health International, South Asia

*WHO stresses the need for health systems world-over to evolve to the next level. This is where information plays a role. If there is no health information exchange across the health system, then it cannot be robust or resilient. This is valid for healthcare across the globe.*

**Sustainable vaccine programs bring resilience:** Vaccines save between 2 to 3 million lives every year and contribute directly to lifting people out of poverty in important ways. Covid vaccine has shown light on the importance and difficulties of achieving universal coverage of vaccinations. The pandemic has done away with issues around vaccine hesitancy, with NATHEALTH too working in this area under its CSR Charter. Such campaigns are a pressing need to develop strategies for sustainable life course immunization programs moving forward. Just like Johnson & Johnson, which studied Covid vaccines across the US, Europe, Africa, Asia and Latin America. After which, the first Covid vaccine manufacturing was launched in South Africa.

## Panel Discussion - Building Resilient Healthcare System in India

**Dr. Om Manchanda**  
Managing Director, Dr. Lal Path Labs

*For a sustainable and long-term integration between all stakeholders, India should work on removing bottlenecks like uncertainty of demand, pricing and projections of different government bodies at different locations, no clarity on actual solutions, decentralized systems, lack of efficiency and more.*

**Mr. Puneet Kohli**  
Managing Director, Fresenius Medical Care, India

*During the pandemic, with project Victory, 150 dialysis technicians were trained in a record time, machines were re-configured, all dialysis hospitals and doctors were connected. The entire platform managed 4400 dialysis patients without any single mortality. This is a great model built in a limited time and a perfect example of public private collaboration model.*

**Role of supply chains & operational flexibility:** The importance of robust supply chains and operations was highlighted during the pandemic. Below are ways to make these systems more resilient:

- Ensure advance information and higher velocity of information flow in a supply chain. Without speed, there is an increase in stock file inventory, which increases expense.
- Enable deployment of funds for operational flexibility.
- Fill the lacuna, which leaves an opportunity to speed up the velocity of money flow in the health system.
- Take lessons from the pharma and life sciences sectors.
- Developed a high degree of operational flexibility. E.g.: The ability of a life science company to switch from being an efficiency driven factory (that is making only one product) to quickly pivot making another, completely changes the capacity deployed.
- Build a supply chain meta structure.

**Dr. Dale Huntington**  
Senior Director Health Care System Policy, JNJ

*Johnson & Johnson studied vaccines across the US, Europe, Africa, Asia and Latin America. One landmark outcome of this was our initiative in South Africa, which enabled the first covid vaccine to be manufactured and made available by an African country, for people living in Africa.*

**Prof. Prashant Yadav**  
Affiliate Professor, INSEAD, Lancet Covid-19 Commission

*The speed with which information flows across the supply chain mechanism, matters in response and resilience. If there is no speed, the alternative is to buffer it with lots of stock file inventory or access capacity, which increases the expense. Thus, information systems form the backbone for an efficient supply chain.*

# Plenary Session 1

## Key Takeaways

- Learn from WHO's global reference of six building blocks framework for a resilient health system.
- Evolve resilience-based assessment frameworks and indicators for private health systems and subsystems (providers, payers, and producers of human, material, and technology resources).
- Develop having a threat detection system that is trusted and used worldwide, to be prepared for future pandemics.
- Achieve resilience through seamless multi stakeholder partnerships, like public, private, clinicians, management, scientists, medical bodies, associations, academic institutions and more.
- Higher private sector participation on policy level and in Government task forces.
- Develop healthcare investments to be process-oriented, instead of knee-jerk reactive investments based on urgencies.
- Build an ecosystem for the private sector to enter and sustain in tier 2-4 cities.
- Explore the full potential of 'Innovative financing models/blended finance facility, especially for start-ups.
- Resilience to be build via improved utilization of current funding, improved existing primary hospitals and filling the manpower gaps.
- India should diversify and expand its manufacturing capacity on a global level as a strategy for expanded Indian and global vaccination coverage.



## Plenary Session 2

Re-structuring healthcare financing  
for alternate care delivery and other  
innovative models

Knowledge Partner  
Plenary Session 2



# Introduction



*Ms. Ameera Shah, Secretary – NATHEALTH & MD, Metropolis India, setting the context*

Healthcare financing has become increasingly recognized as an area of major policy relevance to achieve Universal Health Coverage (UHC). Understanding a nation's healthcare financing system means having a realistic idea of current finances available for health, exploring new ways to raise funds, allocating resources in the optimum manner to ensure equity and quality healthcare for everyone, specially to provide an impetus to alternate and innovative care delivery models, which have a lot of potential.

At the same time, bring in alternative financing models to address financial gaps in the health sector and ensure mandatory health coverage for all.

This session discusses new infrastructure financing models, which focus on generating viable revenue and high asset utilization for expanding hospital capacity in rural settings, asset light models of hospital care delivery with focus on infra and financing innovations, alternate care delivery models such as senior care, home care, community care, rehabilitation centre and other innovative outside hospital care continuum models to be utilized to drive efficiency in financing healthcare, and increasing insurance penetration through government and private participation.

The session aims to answer key questions pertaining to financing in healthcare, in the presence of Government officials, decision makers of various hospitals and out of hospital care continuum chains, including senior care, insurance cos, investors, start-ups and multi-lateral organizations, and more.



## Leaders Speak

**"Government has started developing digital health as an alternate care delivery model & is looking to enable other innovative delivery mechanisms too"**



**Mr. Amitabh Kant**  
CEO, NITI Aayog

India now has a sturdy digital backbone via Ayushman Bharat Digital Health Mission. Aiming to capture health data across physicians, providers and patients, the Mission will provide interoperability, flexibility, security, scalability and complete access. It is now up to the healthcare providers, start ups, technology providers, investors and other stakeholders to develop digital health offerings that meet and stimulate demand.

### Digital Health as an alternate care delivery model - the Government's role

- The National Health Policy 2017 envisions having a digital health technology ecosystem through e-health, m-health, cloud, internet of things (IoT), wearables & more.
- National Health Authority is set to take responsibility to regulate, develop and deploy digital health across the continuum of care for improving efficiency, outcomes and citizen experience.
- NITI Aayog is creating a National Digital Health Platform with the concept of National Health Stack, which is now called the Ayushman Bharat Digital Mission (ABDM).
- Government's PM-JAY 2.0 IT platform aims at the integration of the insurances and other provider level platforms, to ensure equitable healthcare services delivery in India.
- The National Teleconsultation Service of the Ministry of Health and Family Welfare is the first online OPD service offered by a country's Government to its citizens.
- E-sanjivani, a doctor to doctor telemedicine system deployed nationally by the Ministry of Health and Family Welfare at 1,55,000 health and wellness centres under Ayushman Bharat is launched.
- The digital public goods has seen more than 5 million cumulative tele consultation till December 2021.

### A space for innovative delivery mechanisms

Almost 65% of today's e-commerce users also use digital health solutions. However, India still needs compelling accessible healthcare solutions that provide equitable access and can be rapidly deployed and skilled up. Conventional healthcare capacities are doubtful to catch up with the demand and supply gaps. Digital health is a major solution to India's healthcare gaps, as it builds on the deep penetration of smart devices and increased connectivity. Some solutions remain largely unexplored like e-diagnosis, tech enabled home health and advanced e-pharmacy solutions.



## Leaders Speak

**"It is time to build a robust home care infrastructure and improve capacity building, along with adequate support to the private players for their home care services expansion"**



**Dr. VK Paul**

Hon'ble Member (Health), NITI Aayog

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*The Board of Governors in the supersession of Medical Council of India has created a scheme, where two to four private sector entities can come together to create combined institutions where a hospital, a medical college, and an unused building of a city can be converted into a college and can also allow for residential facilities for students.*  
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### Developing Home Healthcare as an alternate care delivery model

Home care became a norm in the wake of the Covid pandemic. In particular, it got refined in the second wave. Going forward, it can prove to remain a solution for continuum of care in a safe manner supported by IT and health professionals. Along with critical and priority illnesses, it is a useful tool for even promoting preventive healthcare, thus helping people stay out of hospitals.

The **Government's willingness to promote home healthcare & senior care** is evident as NITI Aayog has plans to work with NATHEALTH and other state governments on both, senior care and home care, which are seen as interlinked care delivery solutions.

**Technology & regulatory advancements** will drive quality home care. Technologies like biomedical products, devices, and assistive technologies, can be useful for specific groups in the home setting. There is also a need to ramp up the registration, licensing, accreditation, standard of services & care, clinical treatment pathways, and ethical and privacy principles of home care providers. Plus, integration of medical care between institutions and home, to ensure continuum and two way processes.

**Capacity building** is critical to convert home care as the 4th tier of care. It requires reorientation of manpower skills and in-depth training modules. The private sector has about 600,000 beds and every bed should be considered as a training ground for nurses, doctors, paramedics, and allied health professionals. The DNB program provides a way for public private entities to work together. If adequate capacity building can be attained, it can unleash 40,000-50,000 vacancies across home and senior care itself!



## The eminent role of private sector in development of alternate care models



Our consumer survey found that more than 400 million people in India have used digital health for the last 2 years, which is a remarkable number of digital health users. This makes India a leading country to adopt digital health measures. The potential for innovation and growth is immense.

**Mr. Barnik C. Maitra**  
Managing Partner, Arthur D. Little India and Asia Pacific

### Capacity building

In a recent address, India's Hon. PM, Mr. Narendra Modi had mentioned about collaborating with the private sector for building more medical colleges. To enable the participation, the Board of Governors in the supersession of Medical Council of India has created a scheme, where two to four private sector entities can come together to create combined institutions; where a hospital, a medical college, and an unused building of a city can be converted into a college and can also allow for residential facilities for students. This decision has made it easier for private players to collaborate and enter the medical education sector in a full-fledged fashion.

### Infrastructure

The Government has been putting in extensive efforts in financing of health infrastructure in the last 7-8 years. For instance: creation of 157 medical colleges and 6 AIIMS hospitals (as spokes to the main center in New Delhi); along with other health centers, taking the AIIMS family total to 22 institutions. However, to augment this further, the private sector needs to work with the Government, particularly to cater tier 2-4 cities with adequate infrastructure.



**Ms. Meena Ganesh, President**  
Home Healthcare Association & MD Portea Medical

Home care can emerge as an option the industry needs to look into. Both private and public sectors coming together to build the home health care ecosystem, is the way forward. Right from diagnostics to screening to treatments, the ecosystem can cover it all.



**Mr. Vivek Srivastava**  
Co-Founder and CEO, HCAH India

Home care should be organized on a larger scale as hospitals can't solve all healthcare problems. India requires more innovative solutions and home care and out of the hospital is one of the biggest solutions to handle the infrastructure deficit in the country.

## The eminent role of private sector in development of alternate care models

### **Building compatible care models & retuning the existing models**

Digital health, home care, telemedicine, senior care, preventive care, wellness or point of care diagnostics - every alternate care delivery model needs an infrastructure, which is compatible with the business dynamics that emanates from Pradhan Mantri Ayushman Bharat Yojana. Reason being simple: the future expansion would have an interface with financing mechanism and health insurance schemes of the Government, like PM-JAY. In this way, the PM-JAY paradigm needs to be a part of the private sector projects, right from planning phases.

### **In the quest for universal health coverage**

In a country like India, alternate care models should be complementary to the traditional care models in the quest to achieve universal health coverage. While the business models of existing private systems need to be tuned to the financing that could possibly come from any Government health insurance scheme. Examples of this are many state-run private care models, which have included additional beneficiaries to augment the number of PM-JAY beneficiaries. This way, health coverage has reached around 65-67 crore.

### **Affordable, sleek, and minimalist models**

To ensure a faster market entry, alternate care models should be made sleeker, minimalist and affordable. An example of an asset-light public care model are the 1,30,000 health and wellness centres. Taking cue from this, private stakeholders can innovate models of healthcare infrastructure that are affordable, sleek, minimalist and also compatible with the Government schemes. Designing a compatible model is one of the easiest ways to reduce the burden on private sector alone.

## Launch of Study on India's Fast-evolving Digital Health Revolution



*Release of Digital Health Revolution study developed by NATHEALTH & Arthur D. Little*

NATHEALTH, in association with Arthur D. Little, launched a study titled "India's fast-evolving healthcare industry on the cusp of a digital revolution driven by the Indian consumer", in the presence of Shri. Amitabh Kant, CEO, NITI Aayog, during NATHEALTH's 8th Annual Summit.

**Key focus areas include:**

1) Global Trends & Learnings on Scaling Health-Tech Adoption & Innovation 2) Digital Enablement of Healthcare 3) Impact of Digital on Healthcare Operations from Select Global Case Studies 4) Demystifying the Indian Digital Health Consumer 5) Digital Health Opportunities in India 6) Innovation & Digital Imperatives for the Indian Healthcare Ecosystem

## Some of the key recommendations of the study

Conventional healthcare capacity is highly unlikely to catch up with the demand and supply gaps the country suffers now. Digital solutions are the answer. The pandemic catalyzed the adoption of tele health, home health, home testing, epharmacies and other digital offerings. But there is still a lot of room for growth.

Meanwhile, some solutions remain largely unexplored including e-diagnosis and tech-enabled home health and more mature e-pharmacy solutions. For conventional healthcare players, health technology startups and investors, this is the time to enter and build a hard to beat position. How they could do so and the policy and regulatory support they will need can be summarized as follows:

Providers need to:

- Develop “Digital First” strategies instead of “Digital as a Bolt-on” for conventional businesses

## Launch of Study on India's Fast-evolving Digital Health Revolution

- Create digital health offerings that are integrated – from preventative health, to patient first contact, to point of care delivery, onwards to post care follow up and then, recuperative care
- Build digitally enabled supply chains that are resilient, scalable and efficient

### **Regulators and Policy Makers should consider:**

- Providing incentives and support for legacy players adopting digital services
- Developing policy that pushes legacy players towards adopting digital health offerings
- Creating a regulatory framework that drives trust in digital solutions, ensures data security and addresses other consumer concerns across less mature offerings
- Encouraging startups through the right regulatory and policy support

### **Investors and Startups should:**

- Develop an attractive, independent investment ecosystem for Digital First healthcare plays as against digital health investments as a part of tech or healthcare investments
- Start targeting brick-and-mortar services from an integration perspective – where some momentum is already observed, notably with large players like Practo and Pristyn Care
- Target Digital as a key parameter for investment ideation, deal identification, transaction screening and post-deal value creation
- Finance digital health innovations and platforms through greater emphasis on HealthTech and InsurTech startup ecosystems.



## Launch of Study on Indian Home Healthcare 2.0



*Release of Home Healthcare 2.0 study developed by NATHEALTH & PwC*

NATHEALTH, in association with PwC, launched a study titled "Indian Home Healthcare 2.0 Redefining the Modern Care Continuum", in the presence of Dr. VK Paul, Hon'ble Member (Health), NITI Aayog, during NATHEALTH's 8th Annual Summit.

### **Key focus areas include:**

1) Enabling Care Delivery Innovations Across the Globe - The Big Shift 2) Home Healthcare Innovations - Bridging the Supply 3) Demand Gaps in Current Care Continuum 4) Tomorrow of Home Healthcare in India - Building Blocks and Enablers

Indian Home Healthcare has evolved and grown to a USD 5.4 Bn market today. This segment is expected to grow to a USD 19.9 Bn market by 2025. This market has the potential to grow an additional USD 5 Bn with the right impetus.

### **Key recommendations of the study:**

- Registration and licensing for home care providers akin to hospitals in Clinical Establishments Act, 2010.

**Rationale:** Establish minimum standards for home care providers; Streamlining and standardizing care delivery.

**Impact:** Regulate & mainstream the large unorganized segment; Ensure safe care delivered to patients.

- Medical care delivered outside institutions to be integrated with institutional care.

**Rationale:** Care continuity; Developing an integrated ecosystem.

**Impact:** Standardizing care at home; Guidelines for care eligibility and financing; Directional principles for innovation in home care technology development.

- Accreditation standards for home care

**Rationale:** Accrediting home care delivery for an inclusive environment.

## Launch of Study on Indian Home Healthcare 2.0

**Impact:** Regulate and mainstream the sizeable currently unorganized segment; Build patient and clinician trust; Ensure delivery of safe care to patients

- Addition to 'The National Commission for Allied and Healthcare Professions Act, 2021'

**Rationale:** Recognize & govern Home Care personnel as 'Allied & healthcare workers

- Standardized training and curriculum for home care personnel

**Rationale:** Creating a specialized homecare workforce

**Impact:** Standardized industry relevant trained care of specialized homecare personnel; Fulfil the workforce requirement of a rapidly growing sector

- Multiple learning modalities

**Rationale:** Efficient utilization of existing and development of a new workforce

**Impact:** Career and skill upgrade opportunities for existing personnel; Enhanced uptake of courses; Improved employability of allied healthcare professionals

- Licensing and registration of home care personnel akin to other skilled medical professionals

**Rationale:** Standardized licensing of caregivers for home healthcare

**Impact:** Credentialing and verification of home care providers and staff; Improved patient safety and care quality; Providers supports with the reliability of skilled staff

### Some more recommendations...

- Financing for an Integrated institutional and home based care continuum
- Homecare adoption in Govt. insurance schemes & programs
- Define data privacy and security regulations
- Digital infrastructure support for care delivery
- Environmental support for innovations and entrepreneurs in the space

## Plenary Session II

### Panel Discussion - Creating value in India's continuum of care paradigm: Financing and innovation

**Moderator:** Dr. Rana Mehta, Partner & Leader, Healthcare, PricewaterhouseCoopers Services LLP

**Experts:**

- Mr. Vivek Kanade, Managing Director, Siemens Healthineers
- Mr. Prashant Sharma, Managing Director, Charnock Hospital
- Mr. Mayank Bathwal, CEO, Aditya Birla Health Insurance
- Mr. Anand K, Chief Executive Officer, SRL Diagnostics
- Mr. Shishir Agarwal, Managing Director, Terumo India Pvt Ltd
- Mr. Shikhar Malhotra, Vice Chairman & CEO, HCL Healthcare Pvt. Ltd



*Experts during the panel discussion*

## Panel Discussion - Creating value in India's continuum of care paradigm: Financing and innovation

### Value creation by way of high quality and faster reach

Value can be created when awareness and reach is accompanied by innovativeness.

- India needs a customized innovative product portfolio, with high quality, low cost, faster reach and by leveraging digital tools.
- For innovation to reach the right segment, players should adopt a salient market strategy, especially to reach tier 2-4 cities/towns.
- Partnerships in interior India should be enabled to succeed and secure additional touch points of patient care.
- Players need to create strategies for equity investments for pay-per-use, through reward and revenue sharing.
- Learnings can be had from examples like Siemens Healthineers, which has provider tie-ups to run pilots for 10 entry level CT scans in tier 4 locations.

### Financing & innovating Indian diagnostics

The pandemic has put diagnostics right in the frontline. This provides multiple possibilities and adaptability to those possibilities are then required.

- To compete with a sudden surge in the demand of testing and service at home, create more facilities and infrastructure.
- Improve India's facilities for innovative products like molecular biology.
- Strategize roadmaps for ramping up of innovative products.
- Utilize IT, information sharing so that the digital good moves; fast track digital transformation.
- Innovate and move from illness to wellness and from a doctor centric/first approach to diagnostic first approach.
- Shift from a volume based approach to a value based approach; it is a key feature in the care continuum.
- Build the case for outcome-based testing, rather than cost-based.

**Dr. Rana Mehta**

**Partner & Leader, Healthcare, PricewaterhouseCoopers Services LLP**

*It is heartening to see stakeholders with suggestions and opinions regarding improvement of India's healthcare financing and alternate care models. With the right approach, Government and policy support, we can become world leaders in not just hospital care, but also digital, home, senior and corporate care.*



## Panel Discussion - Creating value in India's continuum of care paradigm: Financing and innovation

### Innovative financing for alternate care models

From a universal healthcare access perspective, there is a need for innovative financing, as there is an entire population which pays from its pocket. While the hospital-based care model is financially established, the upcoming models of home and digital care still lack financing. To create a favourable environment for such a financing:

- Make digital health an enabler for provisions of the financing model, especially for outpatient expense coverage by insurance companies.
- Create a Government-supported regulatory product structure; a suitable and successful global structure can be customized for India.
- The Government should exclude alternate care models from under the 18% GST tax bracket; it may take away the value and may kill a product offering.
- Health insurance companies should look from the perspective of the entire health cycle, while designing their policies for innovative and alternate care products.
- Evolve the financing models along with the ongoing evolution of healthcare delivery models.

### Innovative financing models for medical technology

Continuum of care cannot be established without the right medical technology available at the right time and place. However, the cost of medical equipment becomes a barrier to care, especially in high volume versus low volume centres and larger cities versus tier 2-3 cities. Some key elements to rectify the situation are:

- Encourage the rise of micro companies that have started newer models of financing options for smaller/low volume healthcare centers.
- Push the agenda of affordability for the providers along with high quality patient care; establish equitable access to technology even at the provider's end.
- Bring innovation at the product stage itself. For example, certain medical devices can be re-tuned to become paperless or to suit a certain kind of volume load.
- Make technology available to larger masses in the shortest time possible.

**Mr. Mayank Bathwal**  
CEO, Aditya Birla Health Insurance

*From a universal healthcare access perspective, there is a need for innovative financing, as a big chunk of India's population pays from its pocket. While the hospital-based care model is financially established, the upcoming models of home and digital care still lack financing.*

**Mr. Shikhar Malhotra**  
Vice Chairman & CEO, HCL Healthcare Pvt. Ltd

*A lot of innovation and interesting financing models were built for corporate healthcare over the last 2 years. As more companies enter the corporate healthcare space, it is going to force further innovation and new ideas like mental health inclusion.*

## Panel Discussion - Creating value in India's continuum of care paradigm: Financing and innovation

**Mr. Shishir Agarwal**  
Managing Director, Terumo India Pvt Ltd

*Customized innovations can make technology available to larger masses in the shortest time possible, and improve patient outcomes. These initiatives can go a long way in establishing equitable access to technology, even at a provider's centre.*

**Mr. Prashant Sharma**  
Managing Director, Charnock Hospital

*There have been companies working on a home ICU model, which has brought the cost for delivery for that care model to sub 10000 level. These are the models that changes our approach towards providing services innovatively.*

### Overcoming disparity to explore adequate financing for healthcare providers

Financing for healthcare delivery players is pertinent. A shift in perception is needed on a macro level to include financing for the providers. Current hurdles & solutions to this shift are:

- Innovative financing basically means affordability, lower cost, universal health - which essentially points to lower cost of delivery. The current healthcare financing models do not support this ideology from a provider's point of view.
- Healthcare providers' financing models are not very different from those of a industrial manufacturing plant; healthcare is not the same as any other sector and should be given more favourable options.
- There is no or less consideration to a healthcare facility's long gestation period while providing financing.
- Indian healthcare needs the same favourable financing models and the same status as India's other 'infrastructure' projects like the highways, power plants, and dams.
- Retune the healthcare infrastructure models so that the same amount of money can deliver more capacity. Basically, rejig the infrastructure-based finance support to healthcare.
- To reduce the cost of delivery and to reduce the cost of capital, there is an urgent need to enable the availability of the capital and to relook at financing healthcare facilities.

**Mr. Vivek Kanade**  
Managing Director, Siemens Healthineers

*Siemens has started a global project called the New Ambition project and has created a special work stream to focus only on the 3 billion population in the world, which currently does not have access to care. Through this, we have touched an additional 230 million patients, as part of our global sustainability target.*

**Mr Anand K**  
Chief Executive Officer, SRL Diagnostics

*In the last 2 years, many lab test bookings have been done through web & mobile applications, which highlights the awareness about laboratories as an industry. Diagnosis is now moving from healthcare facilities to at-home facilities & thus needs adequate financing to strengthen this model further.*

## Plenary Session II

**Panel Discussion - Building hospital infrastructure in under-served areas of India using innovative asset light delivery models and innovative Financing**

**Moderator:** Mr Gautam Khanna, CEO, Hinduja Hospital

### Experts:

- Ms. Ruma Banerjee, Vice President, Neotia Healthcare Initiative Limited
- Dr. Neeta Rao, Senior Health Lead, USAID
- Mr. Sudhir Mathur, CEO & Founder-MERADOC
- Ms. Visalakshi Chandramouli, Managing Partner - Tata Capital Healthcare Fund
- Mr. Amit Chander, Senior Investment Officer, South Asia Upstream Lead, Health & Education, IFC International Finance Corporation



*Experts during the panel discussion*

## Panel Discussion - Building hospital infrastructure in under-served areas of India using innovative asset light delivery models and innovative Financing

### Enabling reach, affordability, financing and manpower in India's under-serves areas

In the last few years, various new models of partnerships have emerged, which can suit all the stakeholders involved. Some key thought points to enable them are:

- Developing a hospital infrastructure in a rural or under-served location needs joint efforts for financing and equipment.
- For medical equipment maintenance, paper service mode can be adopted. Though challenges include a perpetual manpower shortage, especially technicians, and civil/policy hurdles.
- An asset light model is India's primary health care service delivery.
- To enable reach, develop capacity of the community health workers to provide services at the periphery.
- Promote home based care as another innovative and asset light model; build actual supplementary of all the home based kits with artificial intelligence for screening.
- Provide specialist care through telemedicine or tally care.
- Global and domestic financing and investment firms can learn from examples like USAID, which actively works in India with the Government, private players for infrastructure development and also civil society organizations and community based organizations, for over 7 decades. In the last two years itself, USAID has programmed USD 200 million, for strengthening all the components of the health system in India. The success of such funds' utilization is encouraging for other global and domestic financing and investment firms.

### A case for innovative financing & business sustainability

Innovative financing requires an innovative business model, with three things:

- First, it needs to redefine the healthcare infrastructure
- Second, it requires sustainability
- Third is really how finance comes into play and what kind of finance

Technically, infrastructure has been associated with the land building equipment and use of assumptions that skill competence will follow to underserved areas. However, that is not always the case.

**Ms. Ruma Banerjee**  
**Vice President, Neotia Healthcare Initiative Limited**

*To develop hospital infrastructure in a rural or under-served location, there are various new models of partnerships. Even for the handling of medical equipment's high maintenance, paper service mode can be adopted. However, India perpetually sees a manpower shortage, especially technicians, while also civil/policy hurdles.*

**Dr. Neeta Rao**  
**Senior Health Lead, USAID**

*In the last two years, we have programmed USD 200 million for strengthening various health system components in India. Our project, 'Nishtha', works closely with the Government on the Ayushman Bharat Health and Wellness Centres, across 13 states with the help of state and local governments too.*



## Panel Discussion - Building hospital infrastructure in under-served areas of India using innovative asset light delivery models and innovative Financing

### Exploring & innovating the asset light digital & mobile health model

- Most of India's rural populace today has an oximeter and/or other digital vitals equipment, and also smart phones.
- An asset light model can be a mobile service with portable yet sophisticated equipment, which can move from one unserved area to another.
- For follow ups and observations, digital health tools linked with patient mobile phones can be used.
- Accelerate the plug and play digital health models, and fuse them with the already existing infrastructure.
- Conjoin these efforts with the Government's digital health initiatives to build a robust digital health asset light infrastructure.
- Enable data mining with private sector collaboration to develop further asset light models of care.

### Boosting investments in healthcare for better rural coverage

Around five years back, India used to attract one or two billion dollars of private capital in healthcare. However, in the last two years consistently, India has attracted more than USD 3 billion. While 2021 has been a record year where it has attracted USD 4.5 billion of private capital only in the healthcare space. These are investors who are investing into a particular sector and their definition of this sector is the entire gamut of pharmaceuticals, healthcare, delivery, medtech, lifesciences, and more.

### Investment trends to consider:

With these trends, India is seeing increased investments. It is time to reorient the funding towards the development of rural and under served areas of the country.

- Nearly 75% of the invested capital has been pumped into pharmaceuticals and healthcare delivery, even during early stages of businesses. This is a clear paradigm shift.
- As per estimates, over this coming decade, India will see at least USD 30 billion dollars worth of private capital being invested.

**Mr. Sudhir Mathur**  
CEO & Founder-MERADOC

*India needs to accelerate the plug and play digital health models and fuse them with the already existing infrastructure. While the private sector needs to mine the enormous data being generated through such initiatives; along with hospital and lab data, to come up with innovative asset-light models.*

**Ms. Visalakshi Chandramouli**  
Managing Partner -Tata Capital Healthcare Fund

*Around five years back, India used to attract USD 1-2 billion of private capital in healthcare. However, in the last two years consistently, India has attracted more than USD 3 billion. While 2021 has been a record year, where it has attracted USD 4.5 billion of private capital only in the healthcare space.*

## Panel Discussion - Building hospital infrastructure in under-served areas of India using innovative asset light delivery models and innovative Financing

**Mr. Amit Chander**

**Senior Investment Officer, South Asia Upstream Lead, Health & Education, IFC International Finance Corporation**

*IFC has introduced in India, new financial instruments that it has successfully tried in other parts of the world and other emerging markets, with similar challenges and customer/stakeholder base. Through such projects, more than USD 4 billion capital has been generated.*

- This will impact not just the smaller companies, but accessibility, cost and people's lives.
- Another favourable trend is to see domestic financing, along with the previous global financing Indian healthcare was receiving.

### Taking cues from global financial instruments

Stakeholders can learn from successful examples like of IFC, which is introducing in India new financial instruments that it has successfully tried in other parts and other emerging markets, with similar challenges and customer/stakeholder base. Through such projects, more than USD 4 billion capital has been generated. IFC's Africa model is again a successful example to be learnt from, where it has launched a risk sharing platform, which enables smaller hospitals to get financing from local banks for buying medical equipment needed to take their services to the next level.

For a country like India, an innovative financing method can be an ecosystem of crowdfunding as well.

# Plenary Session 2

## Key Takeaways

- It is time to reorient healthcare investments (2021 saw USD 4.5 billion of private capital only in the healthcare space) towards innovative financing models and alternate care models, as also towards asset light delivery models for rural areas.
- Utilize the 75% of healthcare capital being pumped into pharmaceuticals and healthcare delivery, during early stages of businesses, to support start-ups & generics and enable affordability and access.
- Conjoin private digital health efforts with the Government's PM-JAY 2.0 IT platform, which aims at the integration of the insurances and other provider level platforms, to ensure equitable healthcare services delivery in India.
- To improve affordability of patients & providers, explore innovative and domestic financing models being currently generated in India.
- Digital health, home healthcare, senior care & corporate healthcare are promising alternate models of health delivery; explore innovative home care models like home-based newborn and mother care.
- Financing innovations for alternate care methods should be created; like blended finance facilities.
- India's next aim should be to innovate and move from illness to wellness and from a doctor centric approach or doctor first approach to diagnostic first approach.
- Customize innovations to improve technology accessibility & affordability.
- Accelerate the plug and play digital health models, and fuse them with the already existing infrastructure.
- Private sector should involve more in big data mining and analysis to develop further asset light models of care.



## Plenary Session 3

Re-imagining integrated care delivery  
through digital adoption and supply  
chain innovation

Knowledge Partner

Plenary Session 3

ARTHUR  LITTLE



# Introduction



*Dr. Shravan Subramanyam, SVP NATHEALTH and President and CEO, GE Healthcare India & South Asia and Managing Director, Wipro GE Healthcare*

Today, the healthcare industry relies on enabling the next wave of transformation in end-to-end healthcare delivery. The key ways to maximize desired outcomes is via innovative technology, digital analytics and supply chain integration, which all function to make processes in the healthcare industry more agile and efficient. Ayushman Bharat Digital Mission aims to seize the opportunity to trigger this transformation by utilizing the benefits of these tools.

Amid the acute shortages of resources seen during the previous waves of the COVID-19 pandemic, digital collaboration on patient recoveries, testing numbers, vaccine outreach and procurement of crucial medical supplies and technologies – all critically highlight the need for out-of-the-box supply chain models, leveraging the massive potential of digital healthcare services, telemedicine, homecare and harnessing the contributions of medical technology and the pharmaceutical sector.

There is a vast potential in revolutionizing healthcare outside the hospital care continuum; particularly in home care, using digital innovation and supply chain optimizations in the B2B domain for providers and medical suppliers. There is also a need to focus on re-imagining healthcare services and delivery in diagnostics and hospitals.

India's dynamic innovation landscape is poised for revolution – offering business opportunities in tech-related activities for the digital healthcare ecosystem. Analytical tools continuously offer a means to measure health infrastructure outcomes to help align incentives towards accountability and enabling policies using health industry data coupled with supply chain management.

## Enabling digital innovation & adoption to meet current challenges with new solutions

### Re-imagining integrated care delivery through digital adoption

The nature and scope of care delivery landscape in India is getting affected, bringing about transformational change in integrated care delivery mechanisms.

- The healthcare market in India is under an atmosphere of rapid evolution; with shifts towards lifestyle diseases and long-term ailments.
- There is emphasis on the adoption of digital health services along with the development of innovative healthcare and technology-based solutions.
- There is long-standing lacunae in conventional supply chains and infrastructure, especially in the healthcare industry.
- Through the lens of this change, it is time to emphasize integrated care delivery in India and its proper development, digital innovation and its central role in better healthcare.
- It is also vital to note how digital innovations are becoming embedded in the engines of healthcare delivery and supply chain transformation.

### A move towards an integrated & networked healthcare

- Today's healthcare, referred to as 'facility-based healthcare', is gradually moving towards the more integrated 'networked healthcare'.
- The paradigm shift desired is of integrated health management, which shifts the focus from the single goal of treatment of a disease to holistic care that values patients, family, services and lifetime care.
- An integrated model empowers patients to participate in actively managing their healthcare.
- The digital ecosystem will be the biggest enabler for this paradigm shift in both consumer and doctor behaviour; it will bring re-orientation in a positive direction.

### Understanding consumer behavior towards driving digital health adoption

- As per a survey of more than 1000 people across India, nearly 65% of e-commerce users in India have used some form of digital health in their lifetime.
- This, however, was not driven by any prior effort towards the development of an integrated digital healthcare ecosystem.
- It shows that consumers were self-driven towards digital health tools.
- With a planned support of healthcare sector and insurance agencies, this percentage can be elevated further.
- A unified health information backbone should be built to cater the demand and benefit e-pharmacy players and the tele-consultation industry.

## Enabling digital innovation & adoption to meet current challenges with new solutions

### The future points towards a digital-first attitude across consumers & stakeholders

- It is forecasted that digital health demand will reach over 1 billion users in the next 8-10 years.
- Radical change in chronic illness care and home care will be spearheaded by digitally enabled healthcare tools.
- Care will move beyond the realm of hospitals and there will be a full care continuum.
- There will be broad-based adoption of electronic medical records & activation of unified health records.
- Innovations in financing sophisticated technology and digital infrastructure will be seen.
- Hospitals will play a key role in creating technology enabled virtual hospitals.
- Providers will witness digital value-based procurement and supply chain transformations.

It is insufficient to focus on integrated digital healthcare as an 'afterthought' instead of 'digital first' strategies. India's Government is keen on digital health and this providers also need to integrate current healthcare stacks with the Government's ABDM stacks, which offer 4-5 layers of innovative solutions to issues faced by the industry. It should be the prerogative of suppliers to buy software that is ABDM compliant and integrate their own software with the ABDM stack.

### Role of regulators & policy makers in forming integrated care models

- Regulators and policy makers have a crucial role in supporting legacy players in making a smooth transition to integrated and digital healthcare ecosystems.
- There need to be more policies that encourage health-tech start-ups in India.
- Investors need to look at digital healthcare and related start-ups as an important market for investments.
- Building a flexible but strong health-tech and insurance-tech ecosystem will help strengthen the envisioned integrated health ecosystem.

## Plenary Session III

### Panel Discussion - Reorganizing supply chains through digital adoption, innovation, and value-based procurement

**Moderator:** Mr. Rohit Sathe, President, Philips India Healthcare

#### Experts:

- Mr. O P Singh, Group CEO, Akums Group
- Mr. Narendra Varde, Managing Director, Roche India
- Mr. Saurabh Pandey, Co-Founder & CEO, Akna Medical Pvt Ltd (Aknamed)
- Ms. Meenakshi Nevatia, Managing Director at Stryker India Pvt Ltd
- Mr. Sandeep Makkar, Managing Director, J&J
- Mr. Himanshu Baid, Managing Director, Poly Medicure



*Experts during the panel discussion*



## Panel Discussion - Reorganizing supply chains through digital adoption, innovation, and value-based procurement

The need for resilient supply chains in India cannot be stressed enough. The current scenario is a variable, which can potentially affect global supply chains significantly. Many of the medical equipment like devices APIs (Application Programming Interfaces) and components of many devices are manufactured in different parts of the world, which then travel to India to be put together. This makes supply chains vulnerable to global situations. The major consumers like hospitals and patients are heavily reliant on efficient supply chains in the medical industry. To ensure a robust supply chain in Indian healthcare, it is time that the sector reorganizes supply chains through digital adoption, innovation, and value-based procurement.

### Managing manufacturing through technology to ensure resilient supply chains

- Tools like CRM (Customer Relationship Management) models and WMS (Warehouse Management System) models are not optional anymore.
- Right at the manufacturing level, successful management of scale of business depends on proper use of technology. Almost 13% of total market share accounts are responsible for helping the pharmaceutical industry itself.
- Apps help customers see what stock is available at the manufactures' warehouses along with schemes, trade offers and prices being offered with relative ease.
- There are many software available to harness technology for an improved supply chain function.
- This transparency is allowing technology firms to cater to Indian citizens' needs comprehensively and ensure a great future for healthcare in the country.

### Diagnostics supply chains & the role of technology

During Covid, multinational diagnostic corporations, which collaborated with NATHEALTH and the Government of India got fantastic support from customs in bringing goods to India. Additionally, there was excellent internal leadership that enabled timely shipping of products from places like Brussels, Belgium and South Africa to India. However, challenges still show up as:

- Diagnostic industry facing shortage of warehouses.
- Issues in dealing with different types of regulations.

**Mr. Rohit Sathe**  
President, Philips India Healthcare

*Currently, the need for resilient supply chains in India cannot be stressed enough. Supply chains are vulnerable to global situations and major consumers like hospitals and patients are heavily reliant on efficient supply chains in the medical industry.*

**Mr. O P Singh**  
Group CEO, Akums Group

*For a robust supply chain, tools like CRM (Customer Relationship Management) models and WMS (Warehouse Management System) models are no longer optional.*

## Panel Discussion - Reorganizing supply chains through digital adoption, innovation, and value-based procurement

- Unseen costs in terms of write offs, shipment costs for imports.
- Inadequate use of technology in managing diagnostics supply chain, especially to integrate and track shipments, which can ensure maintenance of temperature control.

These gaps, and more, can be successfully filled up by using technological innovation. In terms of the diagnostic industry, many products need to be transported in controlled settings like specific temperature; and thus a robust supply chain that is technologically-advanced is now a non-negotiable aspect.

**Mr. Narendra Varde**  
Managing Director, Roche India

*India is a major IT hub, but there are still gaps, which can only be filled using technological innovation. This includes the diagnostic industry too, where many products need to be transported in controlled settings like specific temperature.*

**Mr. Saurabh Pandey**  
Co-Founder & CEO, Akna Medical Pvt Ltd (Aknamed)

*When supply chains outside the hospital are sorted and a common vendor is used for supply; data quality also improves substantially. This becomes the starting point for the journey of hospitals in improving their supply chains, products and ensuring cost efficacy.*

### Leveraging software technologies to improve supply chains in hospitals

Hospitals are actually the last leg of the supply chain where consumption happens, hence most forecasts get validated there.

- A current and pressing challenge is that hospitals are at an early level of digital technology use, and do not use standardized software and there are upwards of 8,000 joints in India.
- The data quality available at the hospital level is a challenge, which exacerbates that gap of what gets procured and what is consumed in the medical industry.
- This gap can be blamed more on inefficiency of technology usage, and not technology itself.
- When supply chains outside the hospital are sorted and a common vendor is used for supply; data quality also improves substantially. This becomes the starting point for the journey of hospitals in improving their supply chains, products and ensuring cost efficacy.

A challenge for Indian hospitals is to nail the specific cost of procedures done within one hospital versus another hospital in the same network, and have better quantifiable data.

### Meeting the challenge of global medical supply import

The first learning during the COVID-19 period was finding a way to adjust to the demand unpredictability. The second learning was finding ways to tackle freight unpredictability.

## Panel Discussion - Reorganizing supply chains through digital adoption, innovation, and value-based procurement

This presented the unique opportunity in India to build a solid understanding of inventory that's lying with channel partners of manufacturers. While working with a large number of channel partners, basic information of the organization, like the number of implants or instrument kits required was challenging. A system needed to be put in place, to know the stock of instrument kits available with all channel partners.

Like in the case of ICU bed business in the midst of the pandemic, there was a sudden surge of demand, so a rapid shift from sea freight to air freight was undertaken. The cost impact of this adjustment was immense. An example of Stryker India Pvt. Ltd. here is that the organization ensured efficient import of beds from Turkey, by relying solely on the information flow. There was a need to know about the slots on one aircraft carrier available. Freight companies provided a lot more transparency on freight availability to ensure timely slot booking. Such incidents highlight the loopholes in supply chains and it also provides an opportunity to cement these gaps.

**Ms. Meenakshi Nevatia**  
Managing Director at Stryker India Pvt Ltd

*Demand and freight unpredictability were challenges during covid. However, it was quickly realized that there is a unique opportunity offered in India to build a very solid understanding of inventory that's lying with channel partners of manufacturers.*

**Mr. Sandeep Makkar**  
Managing Director, J&J

*During the last 2 years, a key change was the migration of customers to a common platform for placing orders. To meet this challenge, rapid automation was adopted to make ordering portal more efficient; and J&J achieved 90% automation on all its orders.*

### How to meet healthcare demands by automation in supply chain

- To lower operating costs and improve cash flows, especially for dealers in hospitals, the right mix of products is necessary.
- To ensure the value for innovation, counterfeit products should be prevented from entering the supply chain.
- Diligence in sales and operations planning should be done accurately with technology.
- Migration of customers to a common digital platform for placing orders should be undertaken. Rapid automation should be adopted to make the ordering portal efficient.

Learnings can be taken from organizations like J&J, which achieved 90% automation on all its orders during the pandemic.

## Panel Discussion - Reorganizing supply chains through digital adoption, innovation, and value-based procurement

**Mr. Himanshu Baid**  
**Managing Director, Poly Medicure**

*During the pandemic, medical devices companies had to cope and find alternate suppliers. As a sustainable resolution, in the last 2 years, local suppliers in India were developed by companies, and these products were quickly validated and then put into manufacturing.*

### Further ways to efficiently restructure supply chains

- The usual system of reserving a buffer stock of two months, can fall short during a crisis situation. Medical device companies, hospitals, and labs should keep a list of alternate suppliers handy.
- Develop and encourage local suppliers in India. Such products can be quickly validated and put into manufacturing.
- Optimize the raw materials.
- Ensure availability of more working capital.
- Run the production lines more efficiently, every day.
- Manage inventory by use of technology across multiple plants.
- Find effective methods for efficient stock management and sustainability of the supply chains.



## Leaders Speak

### "Widespread adoption of Ayushman Bharat Digital Mission (ABDM) can reimagine integrated care in India"



**Dr. R. S. Sharma**

CEO, National Health Authority (NHA)

Today, digital connectivity is such that India has 1.2 billion mobile connections, 800 million internet connections, 600 million smartphones; growing at the rate of 25 million per quarter. Like digital KYC, digital signatures have also been created in India. It gives immense growth and data mining opportunities.

#### ABDM is building a digital infrastructure for the future

- Digital is the only way to create a ubiquitous quality affordable healthcare system, which places patients at the centre of the universe. The Ayushman Bharat Digital Mission (ABDM) has the potential to reimagine the delivery of integrated health services.
- Create a technology architecture, and promote its adoption across clinics, hospitals, doctors, and laboratories.
- ABDM is reimagining digital care by a provision for personal health record for patients, and by easy access to these record for doctors/hospitals.
- ABDM has an authentic registry (ongoing) for laboratories, hospitals (including Ayurvedic and allopathic), other healthcare providers; this will be available digitally for patients.
- ABDM houses a unified health interface, which provides interoperability among various disparate systems. Irrespective of what client application a citizen uses, they can connect with any service provider of applications of the same domain.

#### Favourable facts for building digital health infrastructure

- India has build a powerful digital health base in the last 2-3 years, which has paved the way to reimagine digital infrastructure.
- India has 1.2 billion mobile connections, 800 million internet connections, 600 million smartphones; growing at the rate of 25 million per quarter – immense potential consumers.
- Digital KYC, digital signatures, and dynamic digital payment mechanisms are securely in place – with 4.5 billion transactions recorded only in one month!
- Government's CoWIN is an example of a great digital architecture, built in a record time. It has scaled to about 1.8 billion people in the timespan of one year.

This showcases India's capacity to be a hub for digital health and technological innovation. With cooperation from all participants, India can avoid the drawback of digital ecosystems seen in the West, where they are driven by monopolies with only a few players who benefit alone.

## Release of ABDM Interactive Webinar Series Report



**Dr. Praveen Gedam**

Additional CEO NHA

Less than 6 months after ABDM's announcement, the ABDM sandbox has more than 800 integrators today; a matter of great success. Ultimately, digital health records, which can flow freely between various entities, with patient consent, will enable the benefits of digitization to be distributed to all of the entities.

The ABDM Interactive Webinar Series Report released during the 8th Annual Summit gave hope to the stakeholders about actual implementation of ABDM on the ground level. The series of dialogues started with the ABDM Webinar Series (a NATHEALTH & NHA joint effort), will pave the way for adoption of digital health in India.

- Successful adoption of ABDM will allow Indians to access a platform, which creates an opportunity for private developers and also for Government entities to plug their solutions into a common repository and use the same.
- ABDM as a platform itself can be made best use of, when it gets successfully integrated with various other digital health solutions.
- Digital health records, which can flow freely between various entities, with the consent of the patient, will enable benefits of digitization for all entities involved.

### Objectives achieved through the ABDM series

- Dispel myths and embrace facts about ABDM
- Provide a better understanding of ABDM's digital health building blocks
- Eliminate obstacles towards the adoption of digital health in India
- Create a dialogue that speeds up a rapid scale-up and adoption of the digital health road map in India

### The ABDM Report covers detailed discussions ranging in all segments

- Standards & Interoperability
- Providing assistance to startups
- Creating a coherent digital pathway
- Studying global systems
- Data ownership
- Cyber security issues
- Role of integrators
- Advantages to hospitals/patients/multiple stakeholders
- Role of insurance



## Plenary Session III

**Discussion and Q&A - Removing bottlenecks and seizing opportunities on ABDM by large scale digital adoption by consumers and industry players**

**Moderator:** Mr. Barnik Chitran Maitra, Managing Partner, Arthur D. Little India & South Asia

**Chair:** Ms. Preetha Reddy, NATHEALTH Past President and Executive Vice Chairperson, Apollo Hospitals

### Experts:

- Dr. Girdhar Gyani, Director General-AHPI
- Dr. Upasana Arora, Co-chair Healthcare Council- ASSOCHAM
- Mr. Rupak Barua, President AHEI o Dr. Sushmita Bhatnagar, President-AMC
- Ms. Meena Ganesh, President, Home Healthcare Association
- Mr. Narendra Varde, Vice-Chairperson, APACMed
- Mr. Gautam Khanna, President, AOH
- Ms. Richa Singh Debguta, Co-chair, ICC National Healthcare Committee
- Dr. JA Jayalal, National President-IMA
- Dr. Sameer Gupta, Co-chair Hospital and Diagnostic Committee -PHD
- Ms. Thankam Gomez, President-ANEI
- Dr. Nagendra Swamy, Principal Coordinator- Federation of Healthcare Association- Karnataka
- Mr. Pavan Choudhary, Chairman-MTAl
- Dr HM Prasanna, Chairman-PHANA
- Mr. K G Ananthakrishnan, Director General-OPPI
- Dr. Sudarshan Jain, Secretary General, Indian Pharmaceutical Alliance (IPA)
- Dr. Vidur Mahajan, Chair-FICCI Digital Health Task Force



## Removing bottlenecks and seizing opportunities on ABDM by large scale digital adoption by consumers & industry

The Ayushman Bharat Digital Mission (ABDM) has the potential to be a game changer in India's healthcare delivery. However, for ABDM to succeed as an innovative initiative, there is a need to weed out the bottlenecks and seize the opportunities provided by digital health ecosystems.

**ABDM's potential to help smaller healthcare institutions:** ABDM combines the earlier component, which is the PM-JAY with the new Digital Health Mission. The National Health Authority (NHA) (key authority for ABDM) is associated with 3,500 hospitals with an average of 100 beds each, for its digital health scaling. However, India has around 40,000 small nursing homes with an average of 30 beds. ABDM should reach out to these institutions and figure out how to connect them to ABDM. Various industry associations can play a significant role of a bridge between smaller healthcare providers and ABDM; to improve their services through technology.

**ABDM can deal with information asymmetry:** Currently, there is information asymmetry in the digital healthcare sector, and there is limited reach. ABDM can help improve the situation, which is right now affected by duplicity in healthcare records. ABDM's technology structure allows accumulation of data, which removes duplicity and can help build healthcare protocols for the management of diseases.

**ABDM can remove physician hesitancy to digital health:** Indian hospitals are organizing patients' records on digital databases, but there is noted hesitation among doctors to use these. Reasons can be many: complexity, digital illiteracy, fear of dependency on unstable networks, etc. ABDM offers tools to manage digital health records in an easier way, along with other benefits to both doctors and patients. With adequate awareness, physicians can be taken on board. Physician researchers can further use ABDM's aggregate, anonymous data for research purposes.

**Open protocols for digital health delivery:** Almost 70% of India's population dwells in rural areas, which requires private players to expand their wings in such locations via tele-consultations and other digital tools. However, unavailability of open protocols is a major roadblock here. The development of such protocols can make data transfer seamless. The soon-to-be-implemented Personal Data Protection Bill (PDPB), also supported by the NHA, may give more direction to ABDM in clarify patient data management.

**Stakeholders of ABDM:** Right now, there is ambiguity about the which category of healthcare workers will be a part of ABDM and also regarding their level of involvement in ABDM. The sector is looking at NHA to provide further clarity.



## Removing bottlenecks and seizing opportunities on ABDM by large scale digital adoption by consumers & industry

**ABDM and home healthcare providers:** Most stakeholders in the homecare industry are set to adopt technological innovations, especially to use digital aid to provide support at home and tie the entire care cycle with technology. The home care sector thus needs clarity on its role under ABDM. Currently, there is no specific mention of home healthcare from the angle of a provider; and no knowledge if home healthcare facilities will be registered in ABDM. Similarly, there needs to be more information on individual registry of home healthcare workers, as not all of them will be doctors. Many of whom are nurses, physiotherapists and other medical workers.

**ABDM should work on building trust over quality of external health data:** ABDM is a step with immense potential, but the success of the same will rely on sharing information with others. A concern is that 70% of clinical decisions are taken based on diagnostic reports; but if doctors are not able to trust a report, which was formulated at another hospital or another nursing home, it means that best medical decisions are not possible. ABDM needs to step up and ensure quality of data at every stakeholder level, to build the required trust across the ecosystem.

**Bringing community healthcare players under ABDM:** Charitable hospitals may be reluctant to adopt ABDM due to associated expenses. Information dissemination is needed about the key benefits of ABDM (like better efficiency, more responsive care systems and patient centered care) to such providers, along with adequate training modules, especially designed for charitable healthcare providers.

**Ensuring a uniform ABHA registry:** ABHA (Ayushman Bharat Health Account) registry's initial draft elaborates on the health care professionals' registry, mentioning doctors, nurses and other allied professionals. However, in the subsequent chapters, only doctors were retained. For wide scale adoption, acceptance and implementation of ABDM, the NHA should ensure that all the professionals are part of the registry.

**Tackling disinformation:** Misinformation and disinformation can affect the success of this program. The ability to disseminate information correctly to all stakeholders will lend clarity to everyone involved. Even though this is the start of ABDM, all stakeholders should commit to go beyond this mission and try to be more inclusive of everybody. The starting point is to incentivize the people for faster and safer adaptation.

# Plenary Session 3

## Key Takeaways

- Expand beyond the hospital to integrated health delivery & networked healthcare for care continuum; adopt standardized systems of data management in hospitals to reduce the demand-supply gap.
- With 65% of e-commerce users in India to use some form of digital health, the next 8-10 years will create over 1 billion digital health users - healthcare providers can tap this potential.
- “Digital first” strategies, like integration with the ABDM stack, can tackle current healthcare issues better than treating digitization as an afterthought.
- For resilient supply chains, adopt tools like CRM (Customer Relationship Management) and WMS (Warehouse Management System).
- Utilize digital infrastructure for quality, affordable healthcare system with patients at the centre.
- ABDM can succeed with inclusivity, data privacy, trust building and a robust integrated network.
- Supply chain innovation supported by a backbone of digital architecture can come via ABDM.
- ABDM can tap India’s 1.2 billion mobile connections, 800 million internet connections, 600 million smartphones; growing at the rate of 25 million per quarter.
- Investors should look at digital healthcare and related start-ups as an important market for investments.
- Building a flexible but strong health-tech and insurance-tech ecosystem will help strengthen the envisioned integrated health ecosystem.

# Roundtable: Value Based Procurement in MedTech

Jointly with



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## Roundtable: Value Based Procurement in MedTech

**Moderator:** Dr. Rana Mehta, Healthcare Industry Leader, Partner, PwC India

### Experts:

- Mr. N Yuvaraj, Joint Secretary, Department of Pharmaceuticals, Government of India (awaiting confirmation)
- Dr. K Madan Gopal, Sr. Consultant (Health), NITI Aayog
- Dr. Jitendra Sharma, MD & CEO, AMTZ, Executive Director, KIHT
- Air Cmde (Dr) Ranjan Kumar Choudhury VSM, Advisor NHSRC–
- Mr. Pavan Mocherla, Chair, APACMed India ExCom & Managing Director, India & South Asia, BD
- Mr. Pavan Choudary, Director General & Chairman, MTAI
- Dr. K Hari Prasad – President, Hospitals Division, Apollo Hospitals Enterprises Limited



*Experts during the panel discussion*



## Roundtable: Value Based Procurement (VBP) in MedTech

### The market is ripe for value based procurement

It is time that value based procurement is made an integral part of the healthcare discourse, especially to help build trust on India's healthcare systems. Studies show that 50% of the reasons behind people going into poverty in India is a healthcare episode. While, 30% of the healthcare budget is spent by the Government. This missing link indicates inefficiencies in healthcare investment management and VBP is a possible solution. Along with better outcomes, it has the capacity to ensure the right spending and investments and a level-playing field to providers.

To summarize, VBP ensures trust in the public health system, the Government gets to spend their money in the best possible way, and better outcomes are seen. However, at the moment, only 30% of investment money is utilized consistently in VBP. This market needs to open to all players as opposed to just for a chosen few currently.

### Determining the 'Value' in VBP

During the pandemic, there was a sudden surge in the sales of digital watches with SPo2. Which goes on to explain that need determines the value. Value analysis was present even earlier in the healthcare industry, but players should fully understand the value to assign it to an object. If there is a well-established procedure, it will have a value associated with it. This value will have an impact on saving more money. However, lack of standardization is the major problem with the value chain, and VBP is the potential solution to it.

### More about value analysis leading to VBP

Value analysis is required after a prolonged research period called the Health Technology Assessment. For instance, a simple tool hemoglobinometer for detecting anaemia is not the need of the hour, and hence is of less value. Value is also based on a more readily available, cost-effective option, depending upon the physical and human infrastructure available in the respective location. For instance, conducting Netroft or the solubility test that are cost effective as opposed to the expensive HPLC, which can be adopted at a later stage - is a value-based procurement. Instead of rewarding companies for their discount offers and cheap products in the healthcare industry, VBP is service based and effective in the long term.

## Roundtable: Value Based Procurement (VBP) in MedTech

### Access to value based healthcare sets the basis for value based procurement

The paradigm of both the Government and the private sector becomes an important part of value based procurement in the long term. India is on an automatic path to providing access to value based healthcare, which is heavily dependent on value based procurement; simply because it is nothing but delivering more for a lesser cost - delivering better quality treatment, treating more number of patients, at a lower cost.

### Market based vs. value based

Procurement has essentially become a marketing tool. For example, if a hospital has a high end MRI machine, the competition is forced into buying it, otherwise risking a decline in their brand image. This needs to be changed and turned towards hospitals buying via value-based procurement, which also brings long term benefits.

### Gauging Value with Outcome & Quality

An innovation is supposed to be unique and yet to procure it, one needs quotations. If something is unique it should ideally have a singular quotation, which explains the need for open-minded discussions and changes. The fundamental principle of value is that a good product need not be sufficient for a good quality outcome, a good product combined with good service is equal to good outcome - thus creating value. It is necessary to isolate the impact of good service from the impact of good products, which is a complex situation.

**An instance:** A good quality product when used with bad quality service, can still result in a bad diagnosis. A 3-tesla MRI machine can still give out inaccurate diagnosis, if it is not used by a well-trained radiologist. Thus, health technology assessment is necessary to differentiate the singular, unbiased role played by the product itself. That must guide procurement.

### Value based procurement can reduce healthcare costs

Value based healthcare can actually reduce the cost of product as well as service; and it should not be looked at as a hidden bait to gain reimbursements by the industry. It can introduce cost-effectiveness in healthcare, if one could smartly differentiate and deploy these solutions. Value based healthcare must also get integrated into innovative procurement and selling strategies.

## Roundtable: Value Based Procurement (VBP) in MedTech

### The delicate balance between right product procurement & good quality service

Good service along with good products impacts how patient experiences value in a long spectrum of experiences. For example, a patient who is taken for a CT abdomen and realizes he cannot take the test a given day, because he was fed and not told about the procedure beforehand, experiences a loss of value at the end. So the service and training is equally important.

The procurer needs to know more about the product to get most value out of it. There is a need to strike a balance between the right product procurement and good quality service. Sometimes, an extremely good quality service is not appreciated simply for the lack of latest technological advancement. The need for expensive resource sharing, in the case, is now required more than ever. VBP is an informed system, in terms of the entire healthcare ecosystem and long term costs, and if not followed right, might result in the healthcare industry losing its credibility eventually.

### Why is value based procurement needed in healthcare?

To understand this, one needs to answer the question: Who wants to improve healthcare? Is it the medtech industry, the payers or the providers or is it the Government who is really taking accountability of healthcare? India spends 15% on its healthcare, which means people always have the opportunity of choosing the best, and that is India's strength.

The private sector has found some form of value based procurement already. The Government, for one, is now required to introduce the change so that more populace can be influenced into using VBP. While the best outcomes can be achieved with medium cost products, one should not start with cost first, but start with outcome.

### Government's move from provider to peer - the increasing importance of VBP

The biggest change in India is the Government's move away from being a provider to becoming a peer. It is now the largest insurance provider of 500 million. As India makes this shift, and does not put VBP into place, the country could land up in a situation where there is a question of viability and sustainability. India needs its healthcare providing stakeholders to come together and make sure that value based procurement creates value for the ecosystem and the nation moves towards a healthier version of itself.

# Roundtable: Home Care

Jointly with





## Roundtable: Home Care

**Moderator:** Dr. Rana Mehta, Healthcare Industry Leader, Partner, PwC India

### Experts:

- Ms. Preetha Reddy, Executive Vice Chairperson, Apollo Hospitals
- Ms. Meena Ganesh, MD & Chairperson Portea Medical
- Mr. Vipin Pathak, Co-founder & CEO, Care 24
- Dr. K Madan Gopal, Senior Consultant Health, NITI Aayog
- Dr. Ranjan Kr Choudhury, Advisor- Healthcare Technology Div, NHRDC
- Mr. Mayank Bathwal, CEO, Aditya Birla Health Insurance
- Dr. S. Prakash, MD, Star Health and Allied Insurance company Ltd
- Mr. Amitabh Jain, Head – Health & Motor Underwriting & Claims, ICICI Lombard
- Dr. Sameer Gupta, Group Cardiac Cathlab Director, Metro hospital and Director, Umkal Hospital
- Dr. Rishabh Gupta, Director Commercial, Baxter India Pvt Ltd o Dr. Navin Dang, Director, Dr. Dangs Lab Pvt. Ltd.



*Experts during the panel discussion*

## Roundtable: Home Care

Home Healthcare is a major service provider of the healthcare industry. During the pandemic, its importance was highlighted further. Now, efforts are being made to organize the sector on a larger basis, for the simple fact that hospitals cannot solve all healthcare problems in the country. Indian healthcare requires more innovative solutions and home healthcare and out of the hospital, is one of the biggest solutions that can handle the infrastructure deficit in the country.

### Challenges in home care needing urgent resolutions

If the registration and licensing of home care providers can be sorted, it basically sets the clinical context perfectly. Otherwise, the sector runs the risk of just being a support service. Another challenge is financing, as home care, although cheaper, is not covered by any insurance or financing benefits currently. A significant improvement would be seen in the clinical outcomes of the country (and lowering the costs) if home healthcare is taken under the purview of Government schemes and insurance. Additionally, technology-enabled space for more innovation in the home health care sector can bring a huge change in the country's health care system. Capacity building should also be invested in.

### Building home care models on Value, Scope, Geography & Demography

**Value:** In India, with 20 lakh hospital beds, the country has only 1 lakh ICU beds, which got much more pronounced when the second pandemic wave hit. The adoption of digital health got a strong push during that period, and there is a lot of scope in leveraging it even further. It will provide consistency and scalability in terms of the quality of healthcare that can be delivered. This is how a value-based model can be built in home care too.

**Scope:** The organized sector constitutes less than 2% of the total home healthcare market, which means there is a wide scope for growth. It forms an excellent piece of continuum with the overall healthcare model and the value chain of Indian healthcare. There are some competent companies driving the market today, and it is only their imagination that can limit the scope that can be addressed. Thus, exploring the scope adequately is important.

**Geography:** India needs to have qualitative, penetrative healthcare in the country. This is a path clearing for home care, as it is maturing and being super-imposed with the digital model, leading to wider and deeper reach. This creates space for a geographically-intelligent home healthcare model.

## Roundtable: Home Care

In India, 40% of patients are not from the same city as their healthcare provider (hospital/clinic), pointing to a huge gap in the continuum of care. A differentiation strategy, which maps a patient's location and hand-holds them to the endpoint would be a great story that home care can narrate.

**Demography:** India has a changing demographic pattern, which means the senior care needs are increasing. With 93% senior citizens based in rural areas, it is only possible to reach them through home and digital care. However, both private and public sectors should ideally join hands for the same.

### Changing landscape of diagnostics at home

The pandemic changed diagnostics in unimaginable ways. Earlier, 90% patients would walk into labs to get tested, which has now reversed. Patients expect diagnostics to be a low or zero contact service. However, stakeholders should find out ways to go beyond home sample collection in diagnostics. These can be through:

- Training of lab staff in soft skills (patient counselling)
- Skilling for lab reports interpretation at home
- Fusion of artificial intelligence in terms of phone applications (helping patients identify their ailments just by using a few simple interaction techniques)
- Treatment of patients by GPs at their doorsteps (comfort, safety, senior care)
- Innovating more home testing kits for various disease panels

### Making the industry attractive for talent

There has been a perpetual hesitation in the home care recruitment sector. However, the pandemic has changed this perception. Stakeholders should use this opportunity to attract talent and improve patient outcomes and quality. Home care is a reality, and the challenge is how fast it can be made mainstream. Home care is cost-effective and consumer convenient. It is now up to the stakeholders and the Government to enhance and standardize the sector ahead for a re-imagined future of healthcare.



# CSR Awards & CSR Survey

## Launch of NATHEALTH's 1st CSR Awards & Best Practices Survey

Knowledge Partners



**Sahamanthran**  
Co-creating unique solutions to vitalize healthcare

&



**The Bridgespan Group**



## Panel Discussion: Collaboration with CSR programs- Prioritizing opportunities and engagement models

**Moderator:** Ms. Pritha Venkatachalam, Partner and Head of Market Impact, South Asia, The Bridgespan Group & Mr. Anant Bhagwati, Partner, The Bridgespan Group

### Experts:

- Dr. H Sudarshan Ballal, Past President NATHEALTH, Chairman - Manipal Hospitals Group
- Dr. Alok Roy, Chairman, Medica Superspecialty Hospital
- Mr. Himanshu Sikka, Strategic Advisor – SAMRIDH and Practice Lead – HNWASH, IPE Global
- Dr. Srinath Reddy, President, PHFI
- Dr. Sanjeev Arora, Founder and Director, Project ECHO

## Inauguration of Healthcare CSR Award Ceremony

**Chief Guest:** Hon. Smt. Smriti Irani, Minister of Women and Child Development at the ceremony

**Moderator:** Dr. Shyama Nagarajan, Managing Director Sahamanthran Pvt Ltd.

### An overview of the evaluation process and experience :

- Dr R Chandrashekhar -Chairman IGBC Healthcare Rating, Ex Chief of planning Ministry of Health and Family Welfare, Consultant IUIH (Indo UK Institute of Health), Consultant. World Bank, Visiting Prof. London South Bank University
- Dr Narottam Puri - Principal Advisor, QCI; Advisor ( Medical), Fortis Healthcare And Advisor ( Healthservices), FICCI.
- Air Marshal (Dr) Pawan Kapoor - VC Lincoln American University, Former Director General of Medical Services (IAF), One of the founder members of NABH
- Maj Gen (Dr) Jagtar Singh - Ex Additional Director General Armed Forces Medical Services
- Dr Narendra Saini, Microbiologist -- ex General Secretary, IMA. hospital board of India
- Dr Santosh Mathew, Country Lead Public Policy and Finance at Bill & Melinda Gates Foundation o Dr Shankar Aggarwal, Ex Additional Secretary, GOI
- Dr Sundararajan Srinivasan Gopalan, Lead Health Specialist, World Bank

## The CSR Awards Ceremony

NATHEALTH launched its 1st Healthcare CSR Awards during the 8th Annual Summit 2022. The Chief Guest at the ceremony was Hon. Smt. Smriti Irani, Minister of Women and Child Development, Government of India. The winners were selected after a thorough process of nominations and an esteemed Jury screening.



*Hon. Smt. Smriti Irani, Minister of Women and Child Development at the ceremony*



*The CSR Awards Ceremony in process*



*CSR Champion Award: Total Health by Apollo Hospitals Group*



*CSR 1st Runner Up Award: LPL Academy for Laboratory Medicine by Dr. Lal PathLabs. Ltd.*



*CSR 2nd Runner Up Award: Project Roshni by Roche Diagnostics India*



*CSR 3rd Runner Up Award: DeepTek Genki Solution for Public Health Screening using AI by DeepTek Medical Imaging Private Limited*



## Leaders Speak

### "India's private sector & the Government can complete their 'social responsibility' through the implementation of outcome- & value-based PPPs"

***Hon. Smt. Smriti Irani, Minister of Women and Child Development, Government of India***

During the pandemic, the corporate healthcare sector went beyond the call of duty. If one can call it CSR, one should. The Government has gratitude towards the frontline healthcare workers for their diligent services during the dreadful Covid times. CSR is a tool that helps administrative leaders in hospitals to serve the entire nation, and it helps those who invest in the healthcare systems of India. CSR also includes the selfless service of doctors, nurses, and every healthcare worker; which especially shone during the pandemic times.

#### **Government's own 'social responsibility'**

- While the Government is not a private entity, it completes its "social responsibility" with the help of 6.6 million Indian women working as doctors, nurses, and grass-root healthcare workers who work as ASHA workers and Anganwadi workers to ensure a robust healthcare system.
- The Government's endeavor is to strengthen healthcare through the enhanced Health Budget of 16.5% and by spending over Rs. 80,000 crore to make every district/rural area robust.
- Through the PM-JAY, currently functional in 33 states and union territories, the Government has issued over 17 crore 90 lakh health cards & 3 crore 26 lakh Indians have found admissions in over 25,000 hospitals in the country. With 42% of empanelment in private hospitals.
- Every second of the minute, 20 beneficiaries are identified under PM-JAY & 27 hospital admissions are made every minute; every day close to 40 grievances are resolved.
- More than 5 crore elderly citizens received care; 47% of the overall beneficiaries are women.
- In 1 lakh wellness centers across the country, over 7 crore 20 lakh women benefitted from free screening facilities for breast and cervical cancer, especially in the rural areas.

#### **The private sector & Government's unified social responsibility**

The pandemic has proved that the private sector and the Government can successfully work in collaboration with positive outcomes. By re-orienting India's manufacturing capacity, and flying in 30-100 machines from all over the world, India became the second-largest exporter of PPE suits in the world, during the pandemic. It was the largest exercise of partnership India ever saw, where the needs of the country were met by the intent and contribution of the private sector and those in the Government.

It is now time to keep the momentum up and encourage both sections of India to explore and implement outcome- & value-based PPPs to raise the level, access & affordability of healthcare.

## CSR can rebuild, restructure & reimagine a resilient healthcare system

In the fiscal year 2021 alone, India's total CSR expenditure was estimated to be Rs. 20,000 crore. CSR is a soft yet powerful tool to rebuild, restructure and reimagine resilient healthcare systems in India. CSR initiatives are known to have driven a major impact on India's social sector. From education to sanitation to poverty to hunger to healthcare, CSR initiatives have the power to transform the nation for the better.

The pandemic and the ensuing emergency led to increasing Indian corporates shifting the CSR focus towards healthcare over other sectors. This response saw approximately 26% of the CSR money spent moving towards healthcare in 2021. While this trend helped with monetary prowess in supporting healthcare, it is still not sufficient. There still remain gaps and the need to collaborate, to create capacity and capability to effectively allocate and manage these resources.

### The vision of NATHEALTH's CSR Charter, Awards & Best Practices

NATHEALTH has initiated the building of a collaborative and thought leader platform to enable important levers to channel CSR funds for delivering outsized returns to the nation's healthcare sector. Among the important areas of work that are being undertaken by NATHEALTH include:

- Advocacy for enabling legislation
- Awareness among all the stakeholders
- Capability building
- Helping democratize product creation
- Access in the healthcare domain

In line with this initiative, NATHEALTH, along with Bridgespan and Sahamanthran, has put together a well-curated program around CSR, that will help:

- Get a ringside perspective of healthcare CSR best practices
- Highlight CSR as a pivot driving innovation in healthcare
- Find ways to prioritize opportunities and engagement models in the healthcare sector through CSR funding

### Reimagining CSR as a pivot for healthcare innovation

Domestic CSR in India is in the tune of about Rs. 14,000 crore a year. While individual philanthropy and others contributions in India, across all sectors combined is about Rs. 64,000 crore. A third of that is currently being applied in healthcare (around Rs. 20,000 crore); while the Government spending in public health is about Rs. 3,00,000 crore, and out-of-pocket spending by individuals is about Rs. 6,00,000 crore. If this is benchmarked with the CSR funds of Rs. 20,000 crore, it is essentially just a drop in the ocean. The real question that stakeholder need to address is: What can CSR and philanthropy do to healthcare to become a pivot for driving health care innovation?



## The Awards selection & Jury process

NATHEALTH adopted a clear three-stage process to evaluate the CSR awards as against the six criteria of relevance, impact, affordability, replicability, its scalability with a special focus on sustainability, and the intent of the organization. The stages were:

**Phase 1:** Digital evaluation of nominations

**Phase 2:** Evaluate scores to identify top scorers

**Phase 3:** Evaluation through presentation by top scorers

After the three-stage process to evaluate 46 nominations, the jury members shortlisted 9 nominations with 4 winners. Jury members selected are known in the country for their impeccable integrity and professional excellence. The panel comprised:

- **Dr. R Chandrashekhar**, Chairman IGBC Healthcare Rating, Ex Chief of Planning Ministry of Health and Family Welfare, Consultant IUIH (Indo UK Institute of Health), Consultant, World Bank, Visiting Prof. London South Bank University
- **Dr. Narottam Puri**, Medical Advisor - Fortis Healthcare, Advisor (Health Services) - FICCI and Chairman - NABH Emeritus consultant (ENT) - Fortis Healthcare - Indian sports journalist and broadcaster
- **Air Marshal (Dr) Pawan Kapoor**, VC Lincoln American University, Former Director General of Medical Services (IAF), One of the founder members of NABH
- **Maj. Gen. (Dr.) Jagtar Singh**, Ex Additional Director General Armed Forces Medical Services
- **Dr. Narendra Saini, Microbiologist**, Ex General Secretary, IMA. Hospital Board of India
- **Dr. Santosh Mathew**, Country Lead Public Policy and Finance at Bill & Melinda Gates Foundation
- **Dr. Shankar Aggarwal**, Ex Additional Secretary, Gol
- **Dr. Sundararajan Srinivasan Gopalan**, Lead Health Specialist, World Bank

## CSR Best Practices Survey

NATHEALTH conducted a survey to identify the best CSR practices in the healthcare space to curate the NATHEALTH's CSR Charter. Major findings of the survey were presented during the Transformational CSR Session at the Annual Summit. The data collected through the survey was kept completely anonymized and results have been published at an aggregate level, as NATHEALTH's CSR Best Practices Guidelines. The Bridgespan Group was the partner for this initiative.

### Participants of the CSR Best Practices Survey:

- Top Industry Leaders
- Industry corporate foundation CSR heads
- Companies aspiring to set up CSR practices
- Partners looking at participating in the CSR programs
- Knowledge partners associated with CSR programs
- Academia/Technical partners doing impact assessment
- Capacity building partners
- Donors/Co funders of CSR programs
- Independent experts

### Top 5 Transformative CSR Best Practices

The survey culminated into five major transformational practices as below:

1. Objective metrics publicly shared and co-owned by CEO and Board
2. Focus on new long term big bets, max 2-3 bets consume 80% of capital and effort
3. Strategic collaborations with like minded partners (eg PPPs , Pooled CSR, Coalitions)
4. Leverage core business capabilities , expertise in people and platforms
5. Innovate towards sustainable financial models with CSR acting as seed capital

#### Top 5 Transformative CSR Best Practices

Best Practices	Why this is important to move from good to great in Transformative CSR
<b>1. Objective metrics publicly shared and co-owned by CEO and Board</b>	<ul style="list-style-type: none"><li>• CEO and Board regularly review clearly defined success metrics</li><li>• Ensures adequate focus and accountability on CSR given it would be under the radar of top leadership</li><li>• Metrics defined and shared publicly esp. with shareholders</li></ul>
<b>2. Focus on a few long term big bets , max 2-3 bets consume 80% of capital and effort</b>	<ul style="list-style-type: none"><li>• Being focused on specific areas enables a higher impact to be created</li><li>• Defragmentation of resources enables corporates to back <b>bolder, large-scale and long-term programs</b></li></ul>
<b>3. Strategic collaborations with like minded partners (eg PPPs , Pooled CSR, Coalitions)</b>	<ul style="list-style-type: none"><li>• Large scale initiatives especially ones aiming for a systemic change are complicated &amp; expensive for one corporate to support &amp; require collaboration across firms</li><li>• Sectoral collaborations allow corporates to pool their funds and expertise to support programs</li><li>• Provides NGOs with higher pool of funds and hedges risk of drying out of funds</li></ul>
<b>4. Leverage core business capabilities , expertise in people and platforms</b>	<ul style="list-style-type: none"><li>• Corporates need to move beyond capital and leverage their core capabilities &amp; expertise to solve social problems eg: technological capability etc</li><li>• Use influence to bring in capital from other corporates to bring in additional capital from other corporates aligned to the cause</li></ul>
<b>5. Innovate towards sustainable financial models with CSR acting as seed capital</b>	<ul style="list-style-type: none"><li>• CSR capital should be utilized as a seed fund clubbed with capabilities to <b>create sustainable revenue streams</b></li><li>• Business should be able to sustain itself after initial few years – ensures minimum leakages and long-term impact</li></ul>

# Role of NATHEALTH as a healthcare CSR hub

## Achieving Collaborative Philanthropy through NATHEALTH

The session spoke about how NATHEALTH, as a unified voice of the healthcare industry, can:

- Serve as a motivator for corporate entities to enter the CSR world.
- Act as a scout: Identify the plausible, valuable opportunities for support.
- Advise other contributing groups on the best areas in CSR resources to invest in.
- Be an enabler by building the right kind of partnerships.
- Act as an independent assessor of how the actual programs' functioning.
- Amplify the knowledge gathered by disseminating and bringing the best of CSR contributions on one platform.
- Focus on capacity building with a gender equity focus on women.
- Enable Government linkages with CSR organizations & the private sector; Bridge the gap between the Government, the people needing healthcare, and the funding agencies.
- Ensure favourable regulatory mechanisms to encourage CSR contributions.



# Launch of NATHEALTH Vaccine Hesitancy Campaign



## Launch of NATHEALTH Vaccine Hesitancy Campaign

**Moderator:** Mr. Sunil Thakur, Secretary, NATHEALTH & Partner Quadria Capital

**Special Guests:**

- Dr. Shravan Subramanyam (GE) - SVP, NATHEALTH, President & CEO, GE Healthcare India & South Asia and Managing Director, Wipro GE Healthcare
- Ms. Sandra D'Souza, CSR Lead – Wipro GE & GE BEL
- Ms. Neha Munjral, CSR head and legal Counsel, GE
- Mr. Puneet Kohli, Managing Director Fresenius
- Mr. Parveen Jain, Head, Regulatory Affairs, Quality and Government Affairs/Fresenius Medical Care India Pvt. Ltd
- Mr. Prashant Sharma, Managing Director, Charnock Hospital



*Mr. Sunil Thakur, Secretary, NATHEALTH & Partner Quadria Capital*

NATHEALTH launched its "Vaccine Hesitancy Campaign" under the aegis of the 8th Annual Summit, to strengthen the private sector's role in healthcare delivery and increase the pace of vaccinations in India. The objective of the CSR initiative, "Win with Vaccines", is to reach out to districts where vaccine hesitancy is high and coverage is low. It will promote vaccine confidence in the population, bust myths and misinformation around vaccines, accelerate the efforts of the last mile reach, support the Government in vaccine drives and bring behavioural changes.

### The need for Vaccine Hesitancy Campaign

During the pandemic, India's vaccine coverage crossed over 183 crore and created a world record. In the process of creating this record and reaching out to that huge population, many hurdles were faced. With the administrative hurdle in terms of moving the vaccinations, there was also the biggest hurdle on the lack of awareness. From which stemmed the hesitancy to take the vaccinations. This hesitancy came from concerns about side effects, quality, distrust on the administration process, expired vaccination dangers, and more.

There was a need to address this challenge and collaborate with the right stakeholders to reach to the bottom of the population base to create advocacy, to talk about what a vaccine is all about, the benefits, and to build population confidence. The initiative, as a sub set, will ensure preventive public health on a larger scale, while also staying prepared for future pandemics.

# Business Opportunity Pavilion & Start-up Innovation Hub

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Business Opportunity Pavilion

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Knowledge Partner  
Start-up Innovation Hub

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## A platform for growth & innovations

NATHEALTH arranged a business collaboration platform for healthcare start-ups and established businesses alike, during the 8th Annual Summit 2022. The opportunity offered owners of unique business opportunities in healthcare from around the world and India to showcase and exhibit to all the participants of the Annual Summit.





## Business Opportunity Pavilion

A unique way of learning and collaborating with the entire healthcare ecosystem was presented in the form of the Business Opportunity Pavilion. This session provided an opportunity for everyone to learn from various stakeholders from around the world, who are building highly innovative models in healthcare, which have proved to be resilient during the pandemic. These innovative models have the potential to become the 'next big thing' in a new era of uncertainties.

The Business Opportunity Pavilion also presented new opportunities to collaborate with other stakeholders to create new win-win outcomes. It offered owners of unique business opportunities related to healthcare from around the world and India to showcase and exhibit themselves to all the participants of the Annual Summit.

### **The Business Opportunity Pavilion culminated in:**

1. Partnerships with investors, industry leaders, delegates, and more
2. Promotion of innovations
3. Gaining of market expertise and understanding through discussions and networking

### **Enabling ease of doing business**

The objective of the session was to create an opportunity to discuss ideas and share feedback. This session also built opportunities to create space for others to join in.

India is a global contributor in the medical industry today and is regarded with great trust. At the start of the pandemic, the WHO Chief had mentioned that the impact on the world will depend on how India handles it. In terms of the sense of innovation, finding new solutions, the entire Indian health community and the Government have come out together and have created significant impact across the globe. There will be new forms of delivery of healthcare, which also requires focus on cost effective measures of delivery.

The Indian Government has already put in efforts to increase the ease of doing business in the healthcare sector, by way of production linked incentive (PLI) schemes that have been highly successful. In the very first PLI scheme, 56 projects were selected to generate USD 700 million, which were approved in the given time frame. This greatly encourages job opportunity in around 13,000 sectors in India. The second PLI scheme also received a very encouraging response. About 55 projects were selected, leading to creation of employment via 13,000 direct jobs and 18,000 indirect jobs. There are also new medical parks developing in Himachal Pradesh, Uttar Pradesh, Tamin Nadu and other states.

The Government needs to now retain this momentum and keep enabling the ease of doing business and promote innovation in healthcare.



## Start-up Innovation Hub

NATHEALTH, with TiE Mumbai, jointly organized the Innovation Hub. The session was to support start-ups in mentoring, financing, taxes and funding. Today, in India, 23 centres of entrepreneurship are already established and all of these focus on technology and on healthcare sectors. Through these centers and through NATHEALTH's forums, 50 start-ups have already received the required support from the medical fraternity.

During the pandemic, India realized that it needs to encourage startups and innovation in the healthcare sector. For this, the Government launched the Chunauti 2.0 Program to bridge the digital accessibility gaps in different sections of the society. Currently, from the 171 startups recognized in the program, 26 are working on digital divide and are associated with the healthcare sector.

### **Investments and opportunities for innovation & start-ups**

The session featured a fireside chat and a panel discussion, both complemented by interactions among the industry and the start-ups. An example of Andhra Pradesh MedTech Zone was shared wherein a Rs. 400 crore infrastructure for medical devices has been created, so the manufacturers can utilize it to ensure product cycle continuity.

India is now being pegged as one of the start-up hubs globally, and thus presents a global opportunity for Indian players to expand their wings.

An example of ABDM was shared, which has released more than 800+ digital solutions. The Government has made note of more than 5000 start-ups that can revolutionize Indian sectors. ABDM will have capabilities to generate market capital of more than USD 200 billion in the coming decade, and it may direct towards start-ups and innovations.

### **India's tech innovation story**

In a comparative global survey, it was found that through the pandemic, adoption of technology was augmented. Prior to the pandemic, 25% of USA hospitals were diligently using technology in healthcare delivery; while in India, the rate was already more than 30% and got further enhanced during the pandemic.

India is making advancements by leaps and bounds and the Innovation Hub proved a way to further establish the growth.

## Featured Start-Ups

NATHEALTH's Start Up Innovation Hub provided a platform to select start ups to showcase their products at the Annual Summit. The session was attended and moderated by leading healthcare providers and executives. Below is a list of the featured start-ups:

» AISeon

» Insurance Samadhan

» AlphaAI

» CancerX

» The Renal Project

» Cogniable

» WONDRx

» Arficus

» Acranno Life

» Federate Health Solutions

» Signable Communication

The start-ups presented in front of an esteemed gathering of healthcare leaders, who indulged in open conversations and brain storming sessions with the start-ups. The session led to various highlights, solutions and understanding of the challenges regarding the way forward for the start-ups.

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**8th Annual Summit Report**  
Healthcare Federation of India (NATHEALTH)

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