

Catalyzing
investments
cycle

Re-imagining
infrastructure
expansions

Digital
Health &
Med Tech

Financing
of
healthcare

Skilling in
healthcare &
role of PPPs

The unified voice of healthcare

7th Annual Summit

*Indian systems expansion
post COVID: **What will it take?***

TABLE OF CONTENTS

EXECUTIVE SUMMARY	07
NATHEALTH'S TREE PLANTATION DRIVE	13
SPECIAL ADDRESS - DR. PRATHAP C REDDY	14
VALEDICTORY ADDRESS BY CHIEF GUEST - DR. HARSH VARDHAN	15
II. STUDY RELEASE	16
<i>NATHEALTH Patient Confidence Study in collaboration with IQVIA</i>	
II. PARTNERSHIP	17
<i>NATHEALTH and Duke Global Health Innovation Center</i>	
IV. SESSION 1	19
<i>Catalyzing the Investment cycle in Healthcare post COVID</i>	
<i>Nursing the sector back to health – COVID and beyond</i>	21
<i>Using PPPs to increase investments in the sector – can we do more?</i>	24
IV. SESSION 2	29
<i>Financing of Healthcare</i>	
<i>New paradigms in financing healthcare – putting patient and quality at the top</i>	32
<i>Health Insurance – Amplifying impact by leveraging the scale of government with efficiency of private sector</i>	35
<i>Financing the silver economy on senior care</i>	39
II. PARTNERSHIP	31
<i>NATHEALTH and SAMRIDH's Blended Finance Facility</i>	

TABLE OF CONTENTS

IV. SESSION 3	42
<i>Digital Health & Med Tech</i>	45
<i>Digital Solutions in Healthcare developed By India for India</i>	
<i>Becoming Atmanirbhar in medical devices – realizing the vision</i>	49
<i>Reimagining health after Coronavirus: what does the future hold?</i>	53
IV. SESSION 4	56
<i>Infrastructure Expansion</i>	59
<i>Can Nursing Council of India & Paramedic Bill fill capacity gaps in frontlines?</i>	
<i>Expanding and redeveloping health infrastructure in urban India</i>	61
<i>Unlocking the gates to Bharat- How to take healthcare into the hinterland of India</i>	64
<i>India Africa Health Summit - Update & Next Steps</i>	67
IV. SESSION 5	69
<i>Skilling in Healthcare</i>	72
<i>How can India balance the need for “More money for health” vs “More health for the money spent”</i>	
<i>Financing of Healthcare</i>	73
<i>Increase investment in medical education</i>	74
<i>Scaling up availability of paramedical and allied staff</i>	77
II. PARTNERSHIP	80
<i>NATHEALTH and TiE Mumbai</i>	

AGENDA



Time	Session Details
	Session 1
10:08 am – 10:10 am	NATIONAL ANTHEM
10:10 am – 10:25 am	Catalyzing the Investment cycle in Healthcare post COVID: How can investment in health care be streamlined to plug existing infrastructural gaps?
	Welcome Address: Ms. Preetha Reddy, President, NATHEALTH & Executive Vice Chairperson, Apollo Hospitals
10:25 am – 10:35 am	NATHEALTH 2020-21 Video
10:35 am – 10:45 am	Release of NATHEALTH Patient Confidence Study in collaboration with IQVIA Ms. Preetha Reddy, President, NATHEALTH & Executive Vice Chairperson, Apollo Hospitals Mr. Amit Mookim, Member, Governing Council, NATHEALTH & MD, IQVIA
10:45 am – 10:55 am	Signing of MOU with Duke Ms. Preetha Reddy, President, NATHEALTH & Executive Vice Chairperson, Apollo Hospitals Dr. Krishna Udaya Kumar, Director, Duke Global Health Innovation Center
10:55 am – 11:30 am	Ask the Experts 1 Nursing the sector back to health – COVID and beyond
	Moderator: Mr. Gautam Khanna, CEO, PD Hinduja
	Experts: Dr. Krishna Udaya Kumar, Director, Duke Global Health Innovation Center Mr. Narendra Varde, MD, India and Neighbouring Markets, Roche Diagnostics India Ms. Ruma Banerjee, Vice President, Neotia Healthcare Initiative Mr. Vivek Kanade, Executive Director, Siemens Healthineers
11:30 am – 12:05 pm	Ask the Experts 2 Using PPPs to increase investments in the sector – can we do more?
	Chair: Mr. Alok Kumar, Principal Secretary – Medical Education Dept. Government of Uttar Pradesh
	Moderator: Mr. Moazzam Mekan, Head – IFC, PPP Advisory, South Asia
12:05 noon – 12:20 pm	Experts: Ms. Ameera Shah, MD, Metropolis Healthcare Mr. Sergio Forte, Director General, Metrofinanciera Dr. Viren Shetty, CEO, Narayana Health
	Session recap- Reflecting upon global pandemic and putting the spotlight on recovery efforts to kickstart the next virtuous growth cycle in health sector
	Concluding Remarks: Ms. Rana Karadsheh, IFC Regional Director, Asia-Pacific (Manufacturing, Agri-Business & Services)
	Mobility Break

	Session 2
12:30 pm – 12:40 pm	Financing of Healthcare: What are the larger strategies to accelerate momentum achieve universal health coverage? Can PPP models be the key drivers here?
	Session introduction: Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging
12:40 pm – 12:50 pm	Signing of the MOU on Health Financing with SAMRIDH Blended Finance Health Facility - IPE Global Mr. Ravichandran Natarajan, Project Head, SAMRIDH – Blended Finance Health Facility Mr. Ashwajit Singh, Founder & MD - IPE Global Group
12:50 pm – 01:25 pm	Ask the Experts 1 New paradigms in financing healthcare – putting patient and quality at the top
	Moderator: Mr. Harish Natarajan, Director, HXCO India
	Experts: Mr. Abhay Soi, Chairman & MD, Max Healthcare Institute Mr. Mayank Bathwal, CEO, Aditya Birla Health Insurance Mr. Nachiket Mor, Visiting Scientist, The Banyan Academy of Leadership in Mental Health Ms. Sangita Patel, Director-Health Office, USAID India Mission
01:25 pm – 02:00 pm	Ask the Experts 2 Health Insurance – Amplifying impact by leveraging the scale of government with efficiency of private sector
	Moderator: Mr. Amit Mookim, MD, IQVIA
	Experts: Dr. Harish Pillai, CEO Aster India Mr. Jack Langenbrunner, Senior Advisor and Health Financing Expert, Government of Indonesia Mr. Owen K. Smith, Senior Economist, World Bank Dr. Prakash Subbarayan, MD, Star Health and Allied Insurance
02:00 pm – 02:15 pm	Financing the Silver Economy on Senior Care Ms. Nanki Singh, CEO & MD, Genesis Rehab Services Mr. Pavan Choudary, CEO & MD, Vygon India and Chairman, Mtal
	Facilitator: Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging
02:15 – 02:30pm	How can India balance the need for “More money for health” vs “More health for the money spent”
	Concluding Remarks: Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging
	Mobility Break

AGENDA



Session 3	
03:00 pm – 03:25 pm	Digital Health and MedTech – How can India leverage innovation and technology to improve access and quality of care?
	Session introduction: Dr. Shravan Subramanyam, Treasurer, NATHEALTH and MD, Wipro GE Healthcare
	Advanced Data Insights and BI- How can they improve health care financing, governance, and delivery?
	Keynote: Mr. Herman Benema, MD, Vektis
03:25 pm – 04:00 pm	Ask the Experts 1
	Digital Solutions in Healthcare developed By India for India
	Chair: Dr. Praveen Gedam, Additional CEO, National Health Authority (NHA)
	Moderator: Mr. Karan Singh, MD, Bain & Co
04:00 pm – 04:35 pm	Experts: Dr. Anupam Sibal, Group Medical Director, Apollo Hospitals Group Dr. Mr. Shashank ND, Founder & CEO, Practo Mr. Shishir Agarwal, MD, Terumo India Pvt Ltd
	Ask the Experts 2
	Becoming Atmanirbhar in medical devices – realizing the vision
	Chair: Dr. S. Eswara Reddy, Joint Drugs Controller (India), Central Drugs Standard Control Organization, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India
04:35 pm – 05:15 pm	Moderator: Ms. Charu Sehgal, Partner Leader, Lifesciences and Healthcare, Deloitte
	Experts: Mr. Anish Bafna, CEO & MD, Healthium MedTech Mr. Himanshu Bald, Managing Director, PolyMedicare Mr. Madan R Krishnan, Vice President and MD, India Medtronic, Medtronic
	Fire side Chat
	Reimagining health after Coronavirus- what does the future hold?
05:15 pm – 05:25 pm	Ms. Ireena Vittal, Advisor (Business Building), Expert (Indian Agriculture and Urban Change)
	Ms. Suneeta Reddy, MD, Apollo Hospitals Enterprise Limited
	Facilitator: Ms. Karine Bachongy, Global Social Infrastructure Lead, International Finance Corporation (IFC)
	Wrap up comments (Day 1): Ms. Karine Bachongy, Global Social Infrastructure Lead, International Finance Corporation (IFC)
05:25 pm – 05:40 pm	Concluding remarks: Dr. Shravan Subramanyam, Treasurer, NATHEALTH and MD, Wipro GE Healthcare
Time	Sessions Details
Session 4	
10:00 am – 10:25 am	Infrastructure expansion – How can we reimagine health infrastructure development over the next 5 years for India and Bharat?
	Session Introduction: Dr. Ashutosh Raghuvanshi, Secretary of NATHEALTH, MD & CEO, Fortis Healthcare Ltd.
	Keynote: (Hon.) Mr. Anurag Singh Thakur, Minister of State Finance and Corporate Affairs, Government of India
	How can the recently announced Nursing Council of India and upcoming Paramedic Bill fill the capacity gap in front lines – what will be the skill building efforts and how can private sector contribute
10:25 am – 10:40 am	Dr. Rajesh Bhushan, Secretary, Ministry of Health and Family Welfare, Government of India
10:40 am – 11:15 am	Ask the Experts 1
	Expanding and redeveloping health infrastructure in urban India
	Moderator: Mr. Rohit Sathe, Vice President- Health Systems, Phillips Indian Sub-continent
	Experts: Dr. Alok Roy, Chairman, Medica Group of Hospitals Dr. Pranav Mohan, Investment Officer, IFC Mr. Sunil Thakur, MD, Quadria Healthcare Private Equity
11:15 am – 11:50 am	Ask the Experts 2
	Unlocking the gates to Bharat- How to take healthcare into the hinterland of India. There are massive unmet needs for specialty healthcare in tier2/3 cities, but no significant expansion
	Chair: Mr. Pradipta Kumar Mahapatra, Addl. Chief Secretary, Health, Government of Odisha
	Moderator: Ms. Priyanka Aggarwal, MD and Partner, BCG
11:50 am – 12:05 pm	Experts: (Hony) Brig. Dr. Arvind Lal, Past President of NATHEALTH and Executive Chairman, Dr Lal PathLabs Mr. Santhosh Mathew, Country Lead, Public Policy and Finance, Bill & Melinda Gates Foundation Dr. Vivek Desai, Founder, HOSMAC India
	Brief Presentation on India Africa Health Summit, Report presentation & Next Steps
	Mr. Ashwajit Singh, Founder & MD- IPE Global Group
	Closing remarks: Dr. Ashutosh Raghuvanshi, Secretary of NATHEALTH, MD & CEO, Fortis Healthcare Ltd.
12:05 pm – 12:20 pm	
Mobility Break	

AGENDA



	Session 5
	Skilling – Can PPP be the game changer to bridge the demand supply gap in skilling?
	Session Introduction: Ms. Preetha Reddy, President NATHEALTH & Executive Vice Chairperson, Apollo Hospitals
01:30 pm – 02:00 pm	Keynote: Dr. Devi Prasad Shetty, Founder, Chairman & Senior Consultant Cardiac Surgeon, Narayana Health
02:00 pm – 02:30 pm	How can India balance the need for “More money for health” vs “More health for the money spent” Keynote: (Hon. MP) Mr. N. K. Singh, IAS, Chairman, The Finance Commission of India, Government of India Dr. Devi Prasad Shetty, Founder, Chairman & Senior Consultant Cardiac Surgeon, Narayana Health
02:30 pm – 02:50 pm	Keynote: Financing of Healthcare Dr. RS Sharma, CEO, National Health Authority
02:50 pm – 03:00 pm	Special address: Dr. Prathap C. Reddy, Founder President, NATHEALTH and Chairman, Apollo Hospitals
03:00 pm – 03:25 pm	Valedictory address by Chief Guest: Dr. Harsh Vardhan, Hon’ble Union Minister, Health and Family Welfare, Science & Technology, Earth Science and Chairman of the WHO Executive Board
	Ask the Experts 1 Increase investment in medical education
	Chair: Prof. Randeep Guleria, Director, AIIMS
03:25 pm – 04:10 pm	Moderator: Mr. Alexandre Fernandes Oliveira, Chief Investment Officer, Health & Education, Asia Pacific, IFC
	Experts: Dr. Murali Srinivasan, Professor of Neurology and Chief of Clinical Services, Manipal Hospitals Mr. Sandeep Makkar, MD, J&J Medical India
	Ask the Experts 2 Scaling up availability of paramedical and allied staff
	Chair: Mr. Ashish Jain, CEO Health Sector Skill Council
04:10 pm – 04:55 pm	Moderator: Mr. Kaustubh Basu, Executive Director, Management Consulting (Social Sector), PwC
	Experts: Mr. Abhishek Kapoor, SVP – Strategy, Regency Healthcare Dr. HM Prasanna, President, PHANA
04:55 pm – 05:15 pm	Announcement of partnership between NATHEALTH and TIE Mumbai Ms. Preetha Reddy, President, NATHEALTH & Executive Vice Chairperson, Apollo Hospitals Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging Mr. Amit Mookim, Member, Governing Council, NATHEALTH & MD, IQVIA Mr. Naveen Raju, Executive Director, TIE Mumbai
05:15 pm – 05:30 pm	Concluding remarks & Vote of thanks: Mr. Siddhartha Bhattacharya, Secretary General, NATHEALTH

EXECUTIVE SUMMARY

NATHEALTH successfully conducted its 7th Annual Summit 2021 on March 25 & 26, 2021. The theme of the Summit was: Indian Health Systems Expansion Post COVID - What will it take? More than 2000 industry professionals participated in the elaborate event spread over 5 sessions and numerous talk points.

The Summit ushered in an era to open dialogues and discover ensuing measures for the industry stakeholders. The event was a perfect fusion of speakers, ranging from key Government officials, hospital players, medical device companies, educational institutions, and industry stalwarts.

The event also saw 3 crucial collaboration announcements of NATHEALTH with SAMRIDH Healthcare Blended Finance Facility, Duke Global Health Innovation Center, TiE Mumbai. Also, a pertinent Patient Confidence Study release with IQVIA.

IQVIA's study of 2134 patients found that 82% wish to re-schedule by June 2021, 62% think their health was negatively impacted, 100% elective surgeries were postponed/cancelled, 95% people wish to continue with same provider, chronic patients want option for physical visits.

Alliance with SAMRIDH Healthcare Blended Finance Facility will generate grant pool of \$50 million to seek leverage of 5-10x in healthcare investments, access to affordable growth capital to 35-40 healthcare innovators, improved healthcare services for vulnerable 40% population.

Collaboration with Duke Global Health Innovation Center will attain vaccine confidence, foster innovation, enable knowledge sharing, joint events & research, align relevant stakeholders into a joint framework, establish thought leadership and build a consortium of partners. There are 30 growth stage startups in Indian healthcare itself, which need to be harbored. The alliance will raise the innovation ecosystem of Indian healthcare.

Innovation partnership between NATHEALTH & TiE Mumbai has its eyes set on accessing, sourcing, curating and identifying high potential and high growth start-ups for programs on innovation, knowledge sharing, and thought leadership.

Following pages has a summation of the event; a quick glimpse on the deliberation, analysis, propositions and outcomes.

The event saw 3 crucial collaboration announcements of NATHEALTH with SAMRIDH Healthcare Blended Finance Facility, Duke Global Health Innovation Center, TiE Mumbai. Also, a pertinent Patient Confidence Study release with IQVIA

EXECUTIVE SUMMARY

Session 1 - Catalyzing the Investment cycle in Healthcare post COVID: How can investment in health care be streamlined to plug existing infrastructural gaps?

It is time to start nursing the healthcare sector back to its former glory. The crisis allowed healthcare delivery players to rethink the way they connect with their patients and other key stakeholders. Experts spoke on how a vibrant entrepreneurial ecosystem exists in India and Indian healthcare. With proper channels of adaptation, integration and scaling up, the healthcare sector can do wonders with its this ecosystem. Rising from the phoenix will need exploring and figuring out new models for private sector organizations, fresher systems of care. Start-ups can take the lead here and can drive innovation, with a solid focus of quality care. Lack of access to financing has become a major issue for the health sector in the past few years, especially due to the twin-balance sheet issue affecting both financial institutions and the health sector. In all this, PPPs can play a premium role in catalyzing investments. Although, successful health PPPs are exceptions, rather than the norm. The session tried to find solutions to key bottlenecks in financing, addressing investor and financiers' concerns, and facilitating availability of long-term risk capital.

Takeaways

- Experts highlighted need of proper channels of adaptation, integration and scaling up, to attract entrepreneurs and investments
- Startups should take the lead and drive innovation
- Siemens Healthineers' investment of Rs. 1300 crore to create an innovation hub for the country, was appreciated
- Agreement on steps like: low cost, quality high; move from cost leaders to value adders; focus on infrastructure management; ensure multitasking of manpower
- Future trends show customer transparency will be key to customer retention; market should learn and cater to different patient segments
- PPP deliberations included: no/less standardization, non-aligned contractual terms, low pricing to private players, Government delays on payment, problems in financial transactions, low RoIs
- The 108 Ambulance service in India, airport PPPs with 18% equity return, PPPs in Turkey and the UK, quoted as stellar PPP examples
- Common consensus areas: volume commitment needed for economies of scale, viability funding, involving organizations with large capital, better ability to manage and operate PPP models, open communications and dialogues, personalized PPPs for different states

Positive sentiments seen for Government's viability gap funding policy, to provide VGF of up to 80% of the capital cost and up to 50% of operating costs for 5 years for pilot PPP projects

EXECUTIVE SUMMARY

Session 2 - Financing of Healthcare: What are the larger strategies to accelerate momentum achieve universal health coverage? Can PPP models be the key drivers here?

The healthcare precinct requires financing of its key sectors, by aligning state and central priorities. The Budget 2021 is a positive sign for the industry, as the total expenditure of GDP was increased to 3.9%. While private financing is majorly out of pocket, Indian health economy surely is witnessing disruptive trends in past few years.

India has the cheapest healthcare delivery at affordable prices. There is more than 50% growth of issuance of medical visas for medical value travel. Stakeholders should utilize such sector positives and focus on creating value in the healthcare ecosystem. Challenges are surely there in healthcare expenditures, as India still has out of pocket expenses amounting to the range of 60%. Thus, players should find accelerating trends in financing of healthcare.

Takeaways

- With the SAMRIDH tie-up, 7 million direct beneficiaries and 25 million indirect beneficiaries expected, under the financing model collaboration
- Experts acceded improving financing of healthcare and UHC, will require tariff rationalization, outcome-based reimbursement
- Almost 8% households facing impoverishment due to health costs. Stakeholders pushed for insurance penetration from a younger age, extending insurance to OPD, ambulatory, home care for seniors
- Stakeholders accentuated the need for an extensive cost exercise
- Socially responsible investing remains under-utilized, upgradation necessary
- Use integrated payor-provider models, like HMOs, for complete ownership of patients and outcomes
- Ramp up financing of silver economy (senior care). Globally, number of seniors to double by 2050

Almost 8% households are facing impoverishment due to health costs. Stakeholders pushed for insurance penetration from a younger age, insurance extension to OPD, ambulatory, home care for seniors



EXECUTIVE SUMMARY

Session 3 - Digital Health and MedTech – How can India leverage innovation and technology to improve access and quality of care?

India is leading in the adoption of digital health technologies. Mobility, internet connectivity are tools that can improve access through digital means. Industry needs to be pragmatic and realistic of the limits that can be leveraged by digital, given the realities of the healthcare ecosystem in India. Focus to also be on 'How' of digital.

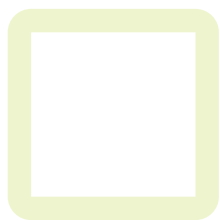
Medical technologies are getting a boost through the medical parks that the government have institutionalized. There is a provision of starting four medical parks in India. Incentives are being provided so that Indian manufacturers are not dependent on imports.

Lessons learnt from the gaps in medical devices and supplies field should be used. Players should build and sustain local capacity in critical gaps. Early wins will be needed with anchor tenants, who can serve as a strong demonstration effect for their peers to follow in their footsteps.

Takeaways

- Agreement on leveraging disrupting technologies such AI, IOT, and healthcare applicators
- National Digital Health Blueprint termed as a vision to take India forward in digital health
- Data shared on how India sees 60% disease burden in the non-communicable space and these can be easily monitored and treated by utilizing digital capability to provide 360-degree remote care
- Local manufacturing needs to be given a pertinent boost by increased investments, by government support, and collaborative approach
- Information shared on the provision of starting four medical parks in India; incentives are being provided so that Indian manufacturers are not dependent on imports
- Experts suggested that aggressive marketing to the entire globe is required, to elevate *Atmanirbhar* Bharat
- Future trends were spoken about: care moving closer to the consumer, India seeing surge in telemedicine, home healthcare, digital tools adoption
- Hospitals seeing a 60-70% drop in their occupancy rates; re-imagination required to enhance the sector, healthcare consumption trends are evolving
- It is important to mend trust deficit between public and private sectors

Hospitals are seeing a 60-70% drop in their occupancy rates; re-imagination is required to enhance the sector, as healthcare consumption trends are evolving. Digital and medical technologies can be saviours



EXECUTIVE SUMMARY

Session 4 - Infrastructure expansion – How can we reimagine health infrastructure development over the next 5 years for India and Bharat?

The goal of healthcare is to increase human life expectancy and focus more on solving health issues. Perfect balance is a healthy dose of both. India has made historic strides in public healthcare. Now, the view for the future should be to make India the most affordable and accessible healthcare system. India is going through a major change at grass root level in the health sector. If one looks at Ayushman Bharat, 50,000 wellness centres are serving, 15 million poor have availed free treatment, 7000 Jan Aushudhi Kendras have started, medicines are being sold at low prices to the poor of the country, and Mobile Asptaal medical units benefitted more than 5 lakh individuals. With regards to the pandemic, Rs. 35,000 crore was announced for COVID vaccines, the Pradhan Mantri Atmanirbhar Swasth Bharat Yojna was also launched.

India is expanding access of healthcare in far-flung areas of the country. Healthcare is a major pillar of the economy, which generates high employment. However, it still lacks ample infrastructure plans. Expansion of stakeholders' vision, will ensure expansion of infrastructure horizons.

Takeaways

- Industry lauded passing of National Commission for Allied and Healthcare Professions Bill, 2021. It will regulate and standardize education and practice of more than 50 allied and healthcare professions, is expected to benefit about 9 lakh professionals
- Stakeholders appreciated the under-review National Nursing and Midwifery Commission Bill, under which training and infrastructure development for nurses and midwives will be done. Plan is to bring under ambit 32 lakh registered nursing professionals in India, and increase the number
- To cover the 75% of country population with no hospital access, it was agreed to develop infrastructure close to their houses
- Atmanirbhar Swasth Bharat Yojna will expand and increase the number of labs, healthcare institutions, employment, health infrastructure, digitization
- Suggestions floated for developing asset light, disruptive models for urban areas, InVIT, PFI, REIT based models
- Rural India can be aptly covered by successfully implementing hybrid PPP models
- Create new models for rural areas, as their challenges and opportunities are unique
- Example of IIT Kanpur can be followed by others; they are trying to come up with technologies, more adapted to the Indian scenario
- Learn from high-volume low-cost models like Narayana Hrudayalaya, for expansion into rural India
- Learn from Orissa; it overhauled the health infrastructure by using evidence-based health programs

Development of asset light, disruptive models for urban areas, like, InVIT, PFI, REIT based models is required. Learn from examples of Orissa, Narayana Hrudayalaya, IIT Kanpur, for successful infra development

EXECUTIVE SUMMARY

Session 5 - Skilling – Can PPP be the game changer to bridge the demand supply gap in skilling?

The session spoke about the acute shortage of 80 million health workforce in the world. Plus, how the Government has set aside a budget of Rs. 600 crore to set up medical colleges, and Rs. 140 crore per year to run the colleges.

For a country like India, it is tough to make medical education affordable, as it is intensive. A single nursing college requires 45000 sq. feet to start with. Then there are issues of faculty availability and quality. The major solution can be to double the number of seats. For instance, in 500 medical colleges, make space for 80,000 medical seats.

Also, greater private sector participation in medical education should be unlocked. Attractive provisions should be made to invite private investments.

Takeaways

- Experts commended the budget of Rs. 600 crore for medical colleges and Rs. 140 crore per year to run them
- To tackle shortage of workforce, double the number of seats
- Introduce viability care funding schemes, strengthen the primary care, inpatient capacity, focus on NCDs
- Agreement that Government should rectify Ayushman Bharat rates, as they are not affordable; ease of doing business and timely payments also required
- Stakeholders should make use of the PPP models developed by NITI Aayog for medical colleges in government hospitals
- Bills for National Medical Commission, National Commission for Allied and Healthcare Professions, Dental Commission, and the upcoming Nursing and Midwifery Commission, will be game changers
- For capacity and capability building, learn from AIIMS' expansion, done majorly in tier 2/3 cities
- Suggestions of education loan forgiveness, low interest loans to specialists, came up
- Tap into digital for med-ed. Example: simulation, virtual, online theory teaching

A Government budget of Rs. 600 crore for medical colleges & Rs. 140 crore per year to run them, has been approved.

Bills for National Medical Commission, National Commission for Allied and Healthcare Professions, Dental Commission, and the upcoming Nursing and Midwifery Commission, will be game changers

NATHEALTH'S TREE PLANTATION DRIVE DURING THE ANNUAL SUMMIT

As a token of appreciation for all the efforts put in by speakers and panelists, NATHEALTH planted 10 trees for each speaker/panelist under the following projects:

- Trees for Tigers - Sundarbans National Park, West Bengal, India
- Trees for Ecotourism - Mussoorie, Uttarakhand, India
- Trees for Tigers - Panna Tiger Reserve, Madhya Pradesh, India

With this initiative, NATHEALTH planted a total of 750 trees.

The e-certificate of trees planted in the speakers' and panelists' name, carries a unique code to track the location of the trees and was circulated and shared with all the speakers.

This is the second such initiative by NATHEALTH, in two consecutive years, and during its annual summit. The federation not only stands by the healthcare industry and its stakeholders, but is also standing strongly by the environment.



As a token of appreciation for all the efforts put in by the speakers and panelists, NATHEALTH planted 10 trees for each speaker/panelist; a total of 750 trees

SPECIAL ADDRESS

Dr. Pratap C Reddy

Founder President, NATHEALTH
Founder Chairman, Apollo Hospitals

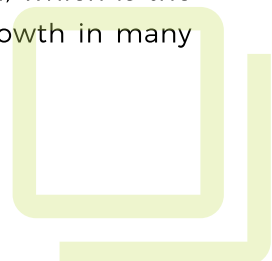


The address focussed on how India has and is battling the pandemic in an inspirational way. The country's response to the pandemic is outstanding and exemplary. India and its population, both are standing tall and braving all odds.

A special mention was made of corona warriors, who are inspiring everyone to do more. The researchers and scientists across the country are putting in spectacular efforts as well. India undertook the world's largest vaccination drive, where more than 45 million Indians have been vaccinated, which is appreciable.

The private sector too, is working closely to complement the Government's initiatives in this fight. NATHEALTH has also played its part in the process. The organization was founded with a vision to be a credible and collective voice for the sector. This is exactly what NATHEALTH did, by using various communication channels and collaborative ways during the pandemic to move initiatives. Now, the future has to be built together and the goal must be to strengthen the access to care, and fight the NCDs that are a bigger threat than COVID-19. India has already earned laurels all over the world, for providing advanced medical care at a cost that is a tenth of anywhere in the world. The country has shown its excellence in medical value travel, and can now aim to become a global health destination.

Lastly, India and the healthcare sector should focus on building a strong talent pool, which is the backbone of any economy or sector. Healthcare has proven to be an engine for growth in many parts of the world, and the story can be the same for India too.



VALEDICTORY ADDRESS

Dr. Harsh Vardhan

Hon'ble Union Minister,
Health and Family Welfare



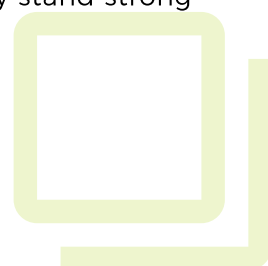
As India stays on the path to tackle the pandemic, it is also time to plan for the future. The address mentioned how the Government is keen on developing healthcare infrastructure of the country. Thus, has increased the centre and state health spending. The objective of increasing healthcare spending, is to decrease the pressure on households facing health expenses.

During and after the pandemic too, the Government has and will keep improving its role in the development of the healthcare sector. Mainly as, it is important to strengthen the health systems and prepare them to face future pandemics. There should be strong IT systems to track new diseases and enough number of beds and facilities, if the need arises.

The National Health Authority is working on these features and has attained highest levels of health and wellbeing for all, till date. There is also improved focus on preventive healthcare and a rapid surveillance of diseases. Ayushman Bharat is an ambitious program to facilitate the continuum of care and provide holistic health across the country.

Recent times have also seen landmark reforms in the healthcare space. Like the Bills for National Medical Commission, National Commission for Allied and Healthcare Professions, Dental Commission, and the upcoming Nursing and Midwifery Commission, which will all be game changers.

There is hope and positivity that the country shall rise from the phoenix and not only stand strong again, but will also become a shining example for the world.



RELEASE OF NATHEALTH PATIENT CONFIDENCE STUDY IN COLLABORATION WITH IQVIA

Experts

Ms. Preetha Reddy

President, NATHEALTH & Executive Vice
Chairperson, Apollo Hospitals

Mr. Amit Mookim

Member, Governing Council,
NATHEALTH & MD, IQVIA

At the Summit, NATHEALTH launched the Patient Confidence Study, in association with IQVIA. It dwells into the sentiments of the patients in the current times. The study provides an insight on the ways to enhance access of healthcare, post the pandemic. The whitepaper will also serve as a checklist for all industry stakeholders, wanting to incorporate patient satisfaction and loyalty as key features of their organizations.

Corona outbreak has led to major changes in patient treatment plan, the study will help navigate through the process of this change.

IQVIA connected with 2134 patients for this study. They reached out to patients who had required surgery and IPD management, they tracked patient behaviour during the pandemic, and made the study specific and focused.

Patients covered for the study included the ones who had planned elective surgery, cancer surgery, general surgery, orthopaedic surgery, IPD management, frequent doctor visits for chronic illness, and more,

Some chief statistics from the study are as follows:

- 82% people who delayed treatments, wish to re-schedule them by June 2021
- 62% people who delayed treatments, think their health was negatively impacted
- Chronic patients wish to opt for physical visits, going forward
- 100% elective surgeries were postponed/cancelled
- 95% people wish to continue with the same healthcare provider



Ms. Preetha Reddy



Mr. Amit Mookim

PARTNERSHIP BETWEEN NATHEALTH & DUKE GLOBAL HEALTH INNOVATION CENTER

Experts

Ms. Preetha Reddy

President, NATHEALTH & Executive Vice
Chairperson, Apollo Hospitals

Dr. Krishna Udaya Kumar

Director, Duke Global Health
Innovation Center

MoU signing between NATHEALTH and Duke Global Health Innovation Center was arranged at the Annual Summit.

The partnership is formed to attain the following:

- Build vaccine confidence
- Foster innovation across health systems through collaboration and partnerships
- Enable knowledge sharing, joint events and research
- Align relevant stakeholders into a joint framework
- Focus on local priorities and global best practices
- Establish thought leadership and build a consortium of like-minded partners

NATHEALTH's partnerships have helped the federation grow and made it into what it is today. Each partner is valued and the collaboration cherished. The tie-up will help in positioning of a positive role for the private sector. There are 30 growth stage startups in the Indian healthcare itself, which need to be harbored. The alliance will raise the innovation ecosystem of Indian healthcare.



Dr. Krishna Udaya Kumar



Ms. Preetha Reddy

SESSION 1

Catalyzing the Investment cycle in Healthcare post COVID

How can investment in health care
be streamlined to plug existing
infrastructural gaps?

25TH MARCH 2021

Nursing the sector back to health

Using PPPs to increase investments

Spotlight on recovery efforts

Release - NATHEALTH Patient Confidence Study

Announcement - Partnership between NATHEALTH & Duke Global Health
Innovation Center

INTRODUCTION

India's current thrust on healthcare is historical. The pandemic encouraged the healthcare sector to leapfrog into a digital transition. It is now time to augment the lessons learnt.

Healthcare necessitates a boost in investments, and the players should discover innovative mechanisms of funding healthcare.

Key areas needing thrust are infrastructure, education on sanitization and hygiene, manpower and skilling, fusion of NDHM with collective goals, harnessing the power of public private partnerships, and improving focus on one of the largest sector in India - its aging population.

Private sector accounts for 80% expenses on the healthcare industry. While the Government's support is lauded, everyone needs to elevate the levels of functioning, for expansion in a post COVID world.


The sector's near-term agenda is to see that the sector is back on track. NATHEALTH has achieved a feat by getting multiple stakeholders on this unique platform, to confer on the imperative angles of growth.

The time spent by each healthcare professional is tremendous, with even the entire world appreciating India's efforts. There are challenges still looming over, like postponement of elective surgeries, handling COVID, lack of footfall in healthcare, crisis of NCDs, and more. However, there have been acute learnings and major shift in future trends to look out for. Point of care has shifted to homes, digital innovation rocketed, stakeholders understood the power of working in conjunction.

Pragmatic approach and propelling the sector's capability and capacity on the right platforms, will play a key role in getting back on the feet.

It is time to start nursing the healthcare sector back to its former glory. The crisis allowed healthcare delivery players to rethink the way they connect with their patients and other key stakeholders.

Experts spoke on how a vibrant entrepreneurial ecosystem exists in India and Indian healthcare.



Where we are
TODAY

INTRODUCTION

With proper channels of adaptation, integration and scaling up, the healthcare sector can do wonders with its ecosystem.

For rising from the phoenix, the sector needs to explore and figure out new models for private sector organizations, fresher systems of care. Startups can take the lead here and can drive innovation with a solid focus of quality care.

The private health sector has accumulated substantial shrinkage during the first few months of the lockdown, due to loss in patient volume or for setting aside capacity to treat COVID. Many hospitals saw occupancy levels fall to less than 30% during the pandemic, while the fixed costs remained unchanged. Most hospitals are still facing heavy debt burden and interest repayments challenges. To tackle some issues, the Government of India has an ambitious plan to promote investment in health sector. It will be very important to find ways to build future capacity while dealing with the system shock being presented by COVID-19.

Pertinent questions to be asked are:

- What short term measures can be taken to strengthen healthcare entities and enable growth?
- What are key concerns of investors – how can these be addressed to facilitate availability of long-term risk capital?
- Can we expand the investor universe – are there new investor groups or structures to tap into?
- Using PPPs to increase investments in the sector – can we do more?
- Can PPP models be better leveraged to facilitate private sector investment – at scale?
- Lessons in structuring successful PPPs in India
- Rationalizing central and state government policies for health investments—are these enough?



NURSING THE SECTOR BACK TO HEALTH: COVID AND BEYOND

Experts

Moderator: **Mr. Gautam Khanna**, CEO,
PD Hinduja Hospital & MRC

Experts:

Dr. Krishna Udaya Kumar, Director, Duke
Global Health Innovation Center

Mr. Narendra Varde, MD, India and
Neighbouring Markets, Roche Diagnostics India

Ms. Ruma Banerjee, Vice President, Neotia
Healthcare Initiative

Mr. Vivek Kanade, Executive Director, Siemens
Healthineers

India learnt in a huge manner how to ramp up its crisis management set-up. Telehealth and virtual care services were boosted, operating and financial challenges in the short term were handled.

The pandemic is still on. Although, it is time to start nursing the healthcare sector back to its former glory. The crisis allowed healthcare delivery players to rethink the way they connect with their patients and other key stakeholders.

Experts spoke on how a vibrant entrepreneurial ecosystem exists in India and Indian healthcare. With proper channels of adaptation, integration and scaling up, the healthcare sector can do wonders with its this ecosystem.

For rising from the phoenix, the sector needs to explore and figure out new models for private sector organizations, fresher systems of care. Startups can take the lead here and can drive innovation with a solid focus of quality care.

Cash flows, margins, challenges & opportunities

The industry's players saw cash flows, margins and the entire ecosystem getting affected. However, along with challenges there were opportunities too, especially in spaces like diagnostics.

The industry should now think advanced ways to strengthen the logistic systems. During the start of the pandemic, many sectors within healthcare forged fruitful partnerships with the Government to charter

NURSING THE SECTOR BACK TO HEALTH: COVID AND BEYOND

different instruments. Massive scaling up was done, newer markers to detect COVID were found. Even sectors like diagnostics got attention, which were getting a paltry spending of 2% in the healthcare budget till date.

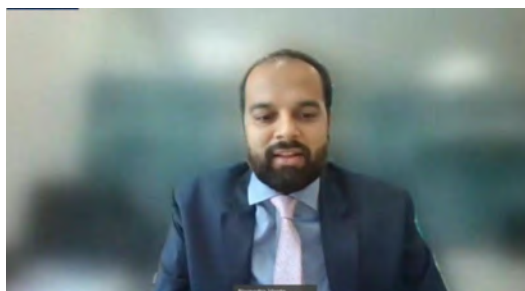
To get back on its feet, the healthcare segment now must look holistically and from a longer-term perspective. It is time to even showcase India's quality and be ready to export in the future. If the business can drive higher consumption, it can lead to enormous growth.



Mr. Gautam Khanna



Dr. Krishna Udaya Kumar



Mr. Narendra Varde



Mr. Vivek Kanade



Ms. Ruma Banerjee

The crises allowed us to rethink the way we connect with our patients and other key stakeholders. Now, adaptation, integration and scaling will help figure out new models

Dr. Krishna Udaya Kumar, Director, Duke Global Health Innovation Center

Along with the challenges, there were opportunities in our space of diagnostics. We partnered with the Government and chartered different instruments

Mr. Narendra Varde, MD, India and Neighbouring Markets, Roche Diagnostics India

NURSING THE SECTOR BACK TO HEALTH: COVID AND BEYOND



Lessons learnt

Lessons for the future are now manifold and will involve multiple stakeholders. Certain players like Siemens Healthineers, have already started working effectively to incubate start-ups in India. The company has announced an investment of Rs. 1300 crore to create an innovation hub for the country. Some more learnings that the experts discussed at length, are:

- How can India manufacture by keeping cost down with no deterioration of services?
- Improvement in adoption of technology
- Move required from cost leaders to value adders
- How can India progress its work force protection?
- Infrastructure management as a top priority
- Reduction and multitasking of manpower are the need of the hour
- Customer transparency will be the key to customer retention
- Market should in-depth learn about catering to different patient segments
- The sector learnt flexibility to adapt to any crisis

India has no dearth of investors. If the healthcare segment can show its prowess, there will be a giant leap in the magnitude of investments.

Infrastructure management will require reduction and multitasking of manpower, customer transparency, flexibility to adapt to any crises

Ms. Ruma Banerjee, Vice President, Neotia Healthcare Initiative

We have to move on from cost leaders to value adders. To enable the industry, Siemens Healthineers has announced an investment of Rs. 1300 crore to create an innovation hub

Mr. Vivek Kanade, Executive Director, Siemens Healthineers

USING PPP TO INCREASE INVESTMENTS IN THE SECTOR: CAN WE DO MORE?



Experts

Chair: Mr. Alok Kumar, Principal Secretary –
Medical Education Dept.,
Government of Uttar Pradesh

Moderator: Mr. Moazzam Mekan, Head – IFC,
PPP Advisory, South Asia

Experts:

Ms. Ameera Shah, MD, Metropolis Healthcare

Mr. Sergio Forte, Director General,
Metrofinanciera

Dr. Viren Shetty, CEO, Narayana Health

Concluding Remarks

Ms. Rana Karadsheh, IFC Regional Director,
Asia-Pacific (Manufacturing,
Agri-Business & Services)

PPPs are not a new phenomenon across sectors, including healthcare. The question however is – can PPPs be a stepping stone towards garnering more investments?

The Government is doing its part by offering viability funding for both green field and brown field infrastructure projects, particularly healthcare facilities and medical colleges. However, the private investments are coming as private service provision.

The major hurdle in PPPs usually is arriving at a suitable cost. Higher standards imply an attached cost, and thus it is tough to arrive at a consensus among experts as to which standards to adopt.

Measurement of quality in healthcare is also a tough task. Standardizations are needed across the board for PPPs to function in an investment-friendly way.

Experts suggested that regulatory mechanism is key here. Also, it should be made sure that contracts are drawn that are fair to both parties, public and private.

The missing alignment

The panel doyens highlighted that both parties in the partnership should be aligned to the same goal. However, in healthcare, there are still mismatches.

USING PPP TO INCREASE INVESTMENTS IN THE SECTOR: CAN WE DO MORE?

There are several other issues like, non-aligned contractual terms, low pricing offered to private players, Government delays on payment, issues in financial transactions, and more. Return on investments has not been there much in PPPs, thus deterring investors. Healthcare can learn from sectors with successful PPPs in India like the airports, which have a guaranteed 16% return on equity.

Getting results out of PPPs

PPPs can play a premium role in catalyzing investments. The 108 Ambulance service is a stellar example, a PPP model which was even scaled up across India. Recently, IFC collaborated with the Government of Odisha to try and develop 25 modern, greenfield hospitals across the state. Though the model provided significant amount of grant funding, ranging from 160% to 200% of capital cost, and substantial safeguards to the private investor, in the first tranche of 8 hospitals, most hospitals received only single bids after sustained marketing effort. Thus, India still needs to learn how to make PPPs successful.



Mr. Sergio Forte



Mr. Alok Kumar

Government is offering viability funding for both green field and brown field infrastructure, particularly for healthcare facilities and medical colleges. However, measurement of quality in healthcare is a tough task

Mr. Alok Kumar, Principal Secretary – Medical Education Department, Government of Uttar Pradesh



USING PPP TO INCREASE INVESTMENTS IN THE SECTOR: CAN WE DO MORE?

Countries such as Turkey, UK, have successfully used using various PPP models to develop large swathes of modern health infrastructure.

Many state Governments (e.g., MP, Odisha, Himachal Pradesh) have come up with investment promotion policies and grant facilities for the private health sector. However, many such policies have a deficiency, they do not account for the significant operational challenges and expenditure incurred in running health facilities. Recently, the DEA, Government of India has announced a viability gap funding policy, which can provide VGF of up to 80% of the capital cost and up to 50% of operating costs for 5 years for pilot PPP projects; a welcome step.

The panel's key takeaways were:

- Vital to have volume commitment, to drive economies of scale
- There should be better pricing for high quality healthcare
- Incorporate transparency, fairness and collaborative work
- Look at viability funding, organizations with large capital



Dr. Viren Shetty



Ms. Ameera Shah

Volume commitment will drive economies of scale. Viability funding should be done. There should be better price for highest quality

**Ms. Ameera Shah, MD,
Metropolis Healthcare**

Commercial banks have a problem in providing long term debts. Our organization offers warranties to support sub national PPPs

**Mr. Sergio Forte,
Director General,
Metrofinanciera**

USING PPP TO INCREASE INVESTMENTS IN THE SECTOR: CAN WE DO MORE?

- Improve the ability to manage and operate the model
- Keep enough room for open communications and dialogues
- Different states should have personalized PPP structures, based on certain parameters

There was a definite disruption of supply chain during the pandemic, with strained health systems, and contracted economic activity. The world and the healthcare industry need to have resilience now.

IFC's example was share wherein, when the healthcare environment got a little stable, IFC launched a \$4 billion facility to support organizations. Although not a PPP project, learnings can be taken from it for PPPs. The products and facilities developed under this program, can mitigate the effects of COVID-19 at any point in the healthcare value chain. Also, PPEs, vaccines, ventilators, services, were provided to treat patients, across various states. Such initiatives can be made possible through resilient partnerships.

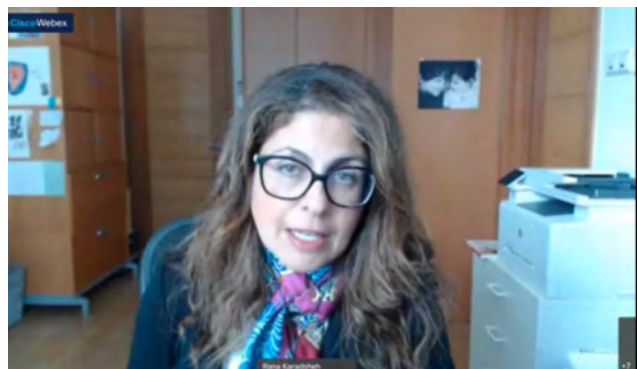
An instance was shared wherein, Metrofinanciera has 10 PPPs in the health sector, with the central government. They have tie ups with banks that are able to provide debts for long term, as commercial banks usually have reservations in providing long term debts. The company also offers warranties to support sub national PPPs. Such collaborative examples show hope and lessons for the PPP scenario in India. Investments in PPPs can be catalyzed better, if the players ensure that technologies in the form of telemedicine, AI, smarter medical devices, online pharmacies, and more, play a significant role in the scope of PPPs.

India has infinite well of money, people are willing to invest. However, return on investment not been great in healthcare

Dr. Viren Shetty, CEO, Narayana Health




Mr. Moazzam Mekan



Ms. Rana Karadsheh

OUTCOMES

- Experts agreed the sector needs proper channels of adaptation, integration and scaling up, to attract entrepreneurs and investments
- Startups should take the lead and drive innovation
- Siemens Healthineers' investment of Rs. 1300 crore to create an innovation hub for the country, was appreciated
- Positive sentiments for Government's viability gap funding policy, to provide VGF of up to 80% of the capital cost and up to 50% of operating costs for 5 years for pilot PPP projects
- Agreement on steps like: keep cost low, quality high; move from cost leaders to value adders; focus on infrastructure management; ensure multitasking of manpower
- Future trends show customer transparency will be key to customer retention; market should learn and cater to different patient segments
- Panels deliberated on resolving PPPs: no/less standardization, non-aligned contractual terms, low pricing to private players, Government delays on payment, problems in financial transactions, low RoIs
- The 108 Ambulance service in India, airport PPPs with 18% equity return, PPPs in Turkey, the UK, are stellar PPP examples
- Common consensus areas: volume commitment needed for economies of scale, viability funding, involving organizations with large capital, better ability required to manage and operate PPP models, open communications and dialogues, personalized PPPs for different states



Where we are
TODAY





SESSION 2

Financing of Healthcare

What are the larger strategies to
accelerate momentum achieve
universal health coverage?
Can PPP models be the key
drivers here?

25TH MARCH 2021

MoU of NATHEALTH with SAMRIDH Blended Finance Health Facility
New paradigms in financing – putting patient and quality at the top
Health Insurance – Leveraging government scale & private sector efficiency
Financing the Silver Economy on senior care
Balancing “More money for health” vs “More health for the money spent”

INSURANCE

INTRODUCTION

Session introduction

Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging



The Budget 2021 is a positive sign for the healthcare precinct, as the total expenditure of GDP has been increased to 3.9%. While private financing is majorly out of pocket, Indian health economy surely is witnessing disruptive trends in past few years.

For achieving universal health coverage, India has moved in the right direction with some great systems in place, like Ayushman Bharat, in which role of financial access is key. India has the cheapest healthcare delivery at affordable prices. There has been more than 50% growth of issuance of medical visas for medical value travel. Stakeholders should utilize such positives of the sector and focus on creating value in the healthcare ecosystem. Challenges are surely there in healthcare expenditures, as India still has the pocket expenses amounting to the range of 60%. The players thus, should find accelerating trends in financing of healthcare.

Pertinent questions that need answers are:

- How to bring value, link outcomes to payments?
- What are the innovative financing approaches?
- How can a fragmented payor landscape be consolidated to drive strategic purchasing?
- How can health insurance PPPs accelerate UHC?
- Pricing models for distortions and sustainability?
- Enabling factors for holistic coverage of healthcare?
- Learnings from insurance in US, Europe, Germany etc., where PPPs are successful?
- How can tariff rationalization be done?

NATHEALTH SIGNS MOU WITH SAMRIDH HEALTHCARE BLENDED FINANCE FACILITY - IPE GLOBAL

Experts

Mr. Ravichandran Natarajan

Project Head, SAMRIDH – Blended Finance
Health Facility

Mr. Ashwajit Singh

Founder & MD,
IPE Global Group

NATHEALTH and SAMRIDH announced their partnership to strengthen India's response to COVID-19 and other emerging healthcare challenges.

This collaboration combines NATHEALTH's sector expertise and SAMRIDH's Blended Finance Facility to create an environment that supports implementation and adoption of healthcare innovations. The partnership puts vulnerable populations at the centre of its efforts and is guided by the principle that everyone should have access to high quality and affordable healthcare services.

Experts opined there is a need for financing and innovation to ride UHC. There is a demand supply imbalance, which should be rectified. Some statistics were shared, which gave a clear idea of India's healthcare burden, like:

- 35% of Indian population is in the age of 15-35 years
- 4 NCDs contribute 82% of all NCD deaths
- TB deaths were 31% of global mortality in 2019, and India had a share of 26% in it

Corona has compounded India's burden, there are also infrastructure gaps. Although positive signs include emergence of technology intervention to address challenges, 500% increase in telehealth consultations, reinforcing the need for new age digital health solutions.

However, adequate financing solutions are needed to increase the currently limited access to affordable capital for investors.

Some more expected outcomes from the collaboration:

- Grant pool of \$50 million to seek leverage of 5-10x in healthcare investments
- Access to affordable growth capital to 35-40 healthcare innovators
- Improved healthcare services for vulnerable 40% population
- 7 million direct beneficiaries and 25 million indirect beneficiaries expected
- Complement Government of India's efforts on augmenting infrastructure & strengthen capacities of healthcare providers



Mr. Ravichandran Natarajan



Mr. Ashwajit Singh

NEW PARADIGMS IN FINANCING HEALTHCARE – PUTTING PATIENT AND QUALITY AT THE TOP



Experts

Moderator: **Mr. Harish Natarajan**, Director, HXCO India

Experts:

Mr. Abhay Soi, Chairman & MD, Max Healthcare Institute

Mr. Mayank Bathwal, CEO, Aditya Birla Health Insurance

Mr. Nachiket Mor, Visiting Scientist, The Banyan Academy of Leadership in Mental Health

Ms. Sangita Patel, Director-Health Office, USAID India Mission

There is a need for innovative financing in India, on the lines of catalytic funding and impact investing. Socially responsible investing remains under-utilized, and most of the investment has been in infrastructure and pharmaceutical sectors.

The sector needs to focus more on value-based care and advance quality, players should be adaptive to circumstances. All this and more can facilitate the dire need of private capital from the banks.

A large portion of the population is likely to come under the ambit of some form of social health insurance in the near future. This creates the opportunity to develop a strategic demand environment, backed by paying capacity. What needs to be done to ensure greater participation of the industry and bridge the gap and ensure sustainability? Maybe adequate tariffs, payment cycle, quality-based payments, calibrating reimbursement rates with inflation in medical services and preventing market distortions.

The hurdles

There is tiny insurance penetration in India, with almost 8% households facing impoverishment due to health costs. The provider sector is also growing at a slow rate, thus increasing the need for financing in healthcare. Providers face a conflict between quality and patient centricity on one hand and financial returns to shareholders on the other.

NEW PARADIGMS IN FINANCING HEALTHCARE – PUTTING PATIENT AND QUALITY AT THE TOP

The current models of indemnity insurance also are leading to a suboptimal ecosystem, which is not benefitting patients. There is a conflict-drive strategy between payors and providers, lack of outcomes orientation for both, costs are potentially increasing, plus there is no ownership of the patient with a clear view of customer journey.

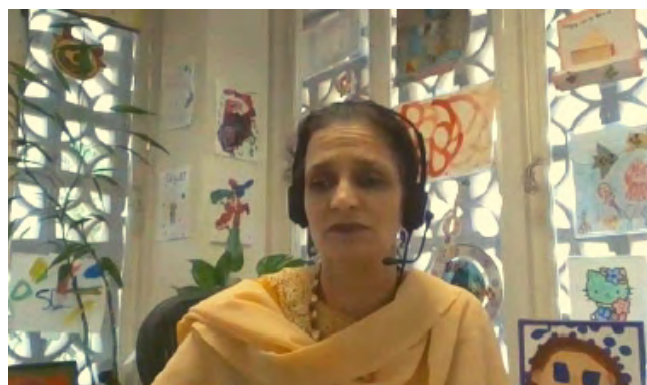
The solutions

Questions that will give solutions are: How can India move towards a value-based framework – linking outcomes to payments? What are the innovative financing approaches that can be used in the Indian context? How can a fragmented payor landscape be consolidated to drive strategic purchasing?

The expansion in tier2/3 and convergence with PMJAY/state health insurance schemes will need to be oriented towards quality and affordable healthcare. How can these low-cost operating models be realized?



Mr. Harish Natarajan



Ms. Sangeeta Patel

There is a conflict between quality and patient centricity on one hand and financial returns to shareholders on the other

Mr. Abhay Soi, Chairman & MD, Max Healthcare Institute

India has a reactive model of insurance. For rectifying this, we need to attract consumers to take insurance at an earlier age

Mr. Mayank Bathwal, CEO, Aditya Birla Health Insurance

NEW PARADIGMS IN FINANCING HEALTHCARE – PUTTING PATIENT AND QUALITY AT THE TOP

Experts mulled over various solutions to the posed challenges. Following are the major recommendations that came to fore:

- Integrated payor-provider models such as HMOs can take complete ownership of patient and outcomes
- Data sharing and privacy is an issue; it should be handled appropriately
- Trust in PPP should improve
- India is the cheapest healthcare provider in the world, but the country's healthcare infrastructure needs a boost
- Address patient trust deficit by reducing cost of healthcare
- India has a reactive model of insurance, and players should attract consumers to take insurance at an earlier time
- Insurance should cover secondary and tertiary expenses, chronic care management, manage the entire care model, and should be flexible in conjunction with changes in the tax regime

The panel agreed that all and more such solutions definitely have the potential to improve the quality of healthcare delivery and ensure that patients and quality stay on top. This will, in turn, work on the betterment of the current scenario of healthcare financing.



Mr. Mayank Bhatwal



Mr. Nachiket Mor



Mr. Abhay Soi

The current models of indemnity insurance also are leading to a suboptimal ecosystem, which is not benefitting patients

**Mr. Nachiket Mor,
Visiting Scientist, The
Banyan Academy of
Leadership in Mental
Health**

Socially responsible investing remains under utilized. In healthcare, most of the investment has been in infrastructure and pharmaceuticals

**Ms. Sangita Patel,
Director-Health Office,
USAID India Mission**

HEALTH INSURANCE – AMPLIFYING IMPACT BY LEVERAGING THE SCALE OF GOVERNMENT WITH EFFICIENCY OF PRIVATE SECTOR



Experts

Moderator: **Mr. Amit Mookim**, MD, IQVIA

Experts:

Dr. Harish Pillai, CEO, Aster India

Mr. Jack Langenbrunner, Senior Advisor and Health Financing Expert, Government of Indonesia

Mr. Owen K. Smith, Senior Economist, World Bank

Dr. Prakash Subbarayan, MD, Star Health and Allied Insurance

India has seen increased Government spending in the healthcare sector. While the Ayushman Bharat Scheme has been a path-breaking initiative, what needs to be seen is – directionally, is India going the right the way with UHC?

One major concern though is that the age band for insurance is skewed to 35+. There is less early adoption of insurance in the younger age groups. On top, the healthcare systems have not been as organized and efficient.

Although, recent years have surely seen much more public discourse around health. There is a transition from supply side financing to demand side financing. The PMJAY embodies such a transition, and focuses on the poor segment of the society. However, strong focus on quality needs to emerge, the sector needs to focus on core functions, and take into the ambit the neglected urban health.

All this can be achieved if there is a competent fusion of the Government's scaling up efforts with private sector's efficiency.

Pricing issues & rational costing

Healthcare is a strategic sector and the cost angle is the biggest source of concern. Cost of care varies in the country, therefore, one-size-fit of a pricing model is difficult to assume. What India needs is rational costing. A big gap is that the IRDA does not cover

HEALTH INSURANCE – AMPLIFYING IMPACT BY LEVERAGING THE SCALE OF GOVERNMENT WITH EFFICIENCY OF PRIVATE SECTOR

ambulatory care or outpatient care, while these form a major chunk of healthcare delivery arenas. It is a good thing that CGHS covers virtual teleconsultations now, due to the pandemic. For private sectors to work efficiently, things like overhead costs should be reduced. To improve costs, care should be provided based on diagnosis related groups and should be evidence based, and can give clinical efficiency.

To amplify the impact, building access and creating a robust financial model is vital. Stakeholders should learn how to arrive at appropriate costs. They can adopt lean management strategies, and more. Private players can also help the government in bringing down the costs. While sectors like insurance will need support from the Government to standardize the treatment costs.

Affordability is a big issue in India, and people want health insurance as an entitlement. Thus, price modulation should be available. A healthy platform between payers and providers should be created, because at present, the insurance sector is hardly having a profit margin. The situation should be a win-win for all stakeholders, including patients, providers, and enablers like insurance.

Augmenting the collaborative efforts

The PMJAY and state health insurance programs have been growing in strength and volume rapidly. As the scale and volumes increase, challenges related to fiscal sustainability, utilizations development of pan-India hospital networks, technical issues such as enrollment, advocacy, claims processing and fraud monitoring will grow. Addressing these challenges will require massive investment in the administrative overheads of central and state insurance programs, essentially duplicating the capacity existing in private insurance sector. India's vibrant and large private health insurance sector can be a valuable partner for the central and state governments to help address these challenges.

Cost of care varies in our country. Therefore, one size fit is difficult to assume. Rational costing is a must

**Dr. Harish Pillai, CEO,
Aster India**

Packages can be adjusted for rural, urban and tribal areas. Without proper packages, NHA would not be able to buy effectively

**Mr. Jack Langenbrunner,
Senior Advisor and
Health Financing Expert,
Government of
Indonesia**

HEALTH INSURANCE – AMPLIFYING IMPACT BY LEVERAGING THE SCALE OF GOVERNMENT WITH EFFICIENCY OF PRIVATE SECTOR

Players should know what lessons to take, from RSBY and other insurance programs, and develop a framework to promote participation of private insurers and related organizations such as TPA in the delivery of social health insurance.

Behavioral change of consumers is positive, there is an omni channel adoption seen for care delivery. There is an emergence of the 'Brick and click' model of care, which blends remote and in-person care.

However, now, in India, UHC needs to be turned into a reality. Due to unconvincing models of PPP so far, private players have become skeptical and reluctant. Participation should be uniform in any successful PPP, which is not the case in India. Also, quality issues should be sorted. Right now, the country is seeing differences in quality of healthcare in a rural and an urban setup.



Mr. Owen K Smith



Dr. Prakash Subbarayan

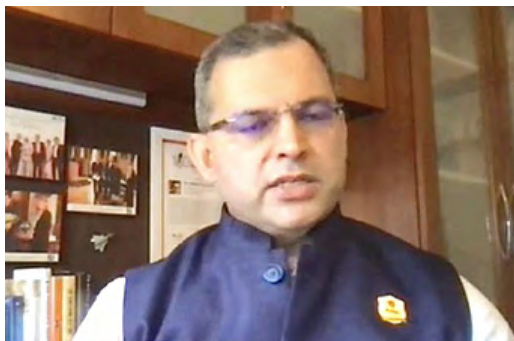
Transition from supply side financing to demand side financing is vital. The PMJAY embodies such a transition

**Mr. Owen K. Smith,
Senior Economist,
World Bank**

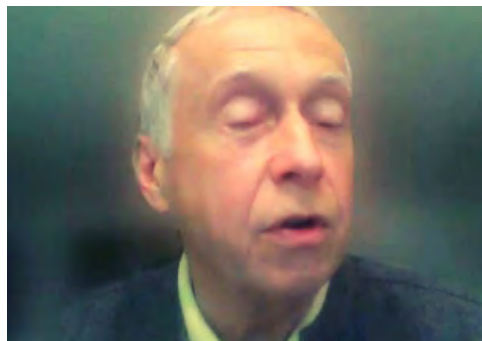
We, as payers, can help the government in bringing down the costs, by applying strategies like lean management

**Dr. Prakash Subbarayan,
MD, Star Health and
Allied Insurance**

HEALTH INSURANCE – AMPLIFYING IMPACT BY LEVERAGING THE SCALE OF GOVERNMENT WITH EFFICIENCY OF PRIVATE SECTOR



Dr. Harish Pillai



Mr. Jack Langenbrunner



Mr. Amit Mookim

A chief question to ask is - What can PMJAY do to include the private sector?

The panel came up with some ideas on the same:

- Move from supply side to demand side
- Identify and agree on benefits package
- Providers need to know what they deliver according to the contract
- Package can be adjusted for rural, urban and tribal areas. Without proper package, NHA would not be able to buy effectively and PHC providers would not be able to organize care
- Supply side basic requirement include putting in place accreditation, robust IT systems, digitization

The panel articulated on how the initiatives and recommendations discussed in the session can create a level playing field between the public and the private sector, and create an atmosphere of reduced cost, fair pricing, to ultimately improve the insurance coverage in India.

FINANCING THE SILVER ECONOMY ON SENIOR CARE

Experts

Facilitator: Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging

Experts:
Ms. Nanki Singh, CEO & MD, Genesis Rehab Services
Mr. Pavan Choudary, CEO & MD, Vygon India and Chariman-MTAl

One crucial segment of India are seniors, and their percentage is rising every year. With better healthcare facilities, awareness about personal health, preventive health options, fitness cognizance, people are living longer.

As per statistics, around 1 billion in this world are above 60 and this population is likely to double 2050. The chunk of senior citizens is a powerful force, which needs appropriate healthcare solutions.

Financing of this silver economy, should focus on improving their quality of life, innovative policies around seniors, providing excellent quality of life. Their basic issues like no substantial engagement, health issues, companionship problems, all these should also be focal points.

Why the need to finance senior care?

With age, accompanies issues like physical deterioration, socio-psychological hurdles rehabilitation. Plus, a large section of seniors stays with their children, who may be unable to or unwilling to, spend on their care.

Many a times, seniors have insufficient savings, to last them for a longer lifespan, and healthcare costs are ever increasing. Which is resulting in elderly poverty in the country. There are no insurance policies that cover sub-acute segments, which seniors require.

Around 1 billion in this world are above 60 and this population is likely to double 2050. The sector is a powerful force that needs catering

Dr. Harsh Mahajan,
Senior Vice President,
NATHEALTH, Founder
and Chief Radiologist,
Mahajan Imaging

Elderly poverty is on the rise. There is insufficient saving, healthcare costs are increasing. Home healthcare insurance is vital for elders

Mr. Pavan Choudary,
CEO & MD, Vygon India
and Chariman-MTAl

FINANCING THE SILVER ECONOMY ON SENIOR CARE

Practical solutions

Rise in the number of funding companies, who provide senior care on a large scale, is needed. These can be Government-run, or not-for-profit companies. Insurance cover, especially for home care, should be provided, for services which cannot be provided free. The Government and the private sector can work hand in hand to develop solutions for this. The segment is still in a nascent stage in India, though there are a few community living options for people who want to lead an active life. Examples were shared of initiatives like IMOHA, which is a community of elders and those who care for elders.



Dr. Harsh Mahajan



Mr. Pavan Choudhary



Ms. Nanki Singh

Government should extend some financial support to seniors. There are no insurance covers for sub acute segments

Ms. Nanki Singh, CEO & MD, Genesis Rehab Services



OUTCOMES

- Tie-up with SAMRIDH, to generate grant pool of \$50 million to seek leverage of 5-10x in healthcare investments, access to affordable growth capital to 35-40 healthcare innovators, improved healthcare services for vulnerable 40% population. 7 million direct beneficiaries and 25 million indirect beneficiaries expected
- Experts acceded that for improving financing of healthcare, vertical and horizontal integration of healthcare should be done
- Almost 8% households facing impoverishment due to health costs. Stakeholders pushed for insurance penetration from a younger age
- Insurance coverage should be extended to OPD, ambulatory, home care for seniors
- Stakeholders accentuated the need for an independent, transparent, well researched cost exercise
- Players accentuated the need to leverage private capital to provide UHC, and outcome-based reimbursement
- Innovative financing in India, on the lines of catalytic funding and impact investing essential
- Socially responsible investing remains under-utilized, upgradation necessary
- There is tiny insurance penetration in India, with almost 8% households facing impoverishment due to health costs
- Integrated payor-provider models such as HMOs can take complete ownership of patient and outcomes
- Globally, seniors to double by 2050. Rise in the number of funding companies, to provide senior care required (Government-run, not-for-profit or private)
- Financing of silver economy, should focus on improving their quality of life, innovative policies around seniors, providing excellent quality of life

Where we are
TODAY





SESSION 3

Digital Health & MedTech

Leveraging innovation
to improve quality of care and
become Atmanirbhar

25TH MARCH 2021

Advanced data insights and BI
Digital solutions in healthcare developed by India for India
Becoming Atmanirbhar in medical devices
Re-imagining healthcare after coronavirus

INTRODUCTION

Session introduction

Dr. Shravan Subramanyam, Treasurer,
NATHEALTH and MD, Wipro GE Healthcare

Keynote address

Mr. Herman Benema, MD, Vektis



Mr. Herman Benema



Dr. Shravan Subramanyam

As India emerges from the pandemic, the nation is looking at the next 5 years and perhaps a decade or decades ahead of putting back together the pieces. Digital health and medical technology will play key roles in helping the sector get back on its feet.

In India, there is a capacity problem, there are productivity challenges. The country is looking to cater to 160 million people, who are emerging from poverty to the middle class. The sector is in need of better clinical outcomes, now, more than ever.

India should look at introducing digital health within medical technology and healthcare service delivery.





INTRODUCTION

Stakeholders should leverage disrupting technologies such as AI, IOT, and healthcare applicators, and local manufacturing needs to be given a boost. Atmanirbhar Bharat is not a choice anymore, it has become a pertinent need for the country.

Leading in digital adoption

India is leading in the adoption of digital health technologies. Mobility, internet connectivity are tools that can improve access through digital means. Each passing day, emerging technologies are proving to be beneficial, and medical technologies are also getting a boost through the medical parks that the government have institutionalized.

There is a provision of starting four medical parks in India. Incentives are being provided so that Indian manufacturers are not dependent on imports.

All of this, and more can be achieved if the healthcare sector uses digital tools as a means to tie all the threads of healthcare together.

Growth is accelerated

The reluctance of patients to visit hospitals in person or their inability to undertake travel for medical purpose has accelerated adoption of digital industry wide. For many industry watchers the achievements on the digital front in the last 12 months are multi-fold when compared to the impact digital was able to make in the last 12 years. Aspects of hospital design, hospital capex, hospital operations will be fundamentally altered to reflect digital healthcare becoming a central part of healthcare delivery in the country.

Pertinent questions that need answers are:

- Gains from digital during COVID, which will endure?
- How new-age digital solutions can be integrated within India's existing healthcare infrastructure?
- COVID lessons' implications for policy and private sector participation?
- How can medical device parks be used to help India attract global supply chains and develop regional competitiveness?



DIGITAL SOLUTIONS IN HEALTHCARE DEVELOPED BY INDIA FOR INDIA



Experts

Chair: Dr. Praveen Gedam, Additional CEO, National Health Authority (NHA)

Moderator: Mr. Karan Singh, MD, Bain & Co

Experts:

Dr. Anupam Sibal, Group Medical Director, Apollo Hospitals Group

Mr. Shashank ND, Founder & CEO, Practo

Mr. Shishir Agarwal, MD, Terumo India Pvt. Ltd.

As India emerges from the pandemic, the nation is looking at the next 5 years and perhaps a decade or decades ahead of putting back together the pieces. Digital health and medical technology will play key roles in helping the sector get back on its feet.

In India, there is a capacity problem, there are productivity challenges. The country is looking to cater to 160 million people, who are emerging from poverty to the middle class. The sector is in need of better clinical outcomes, now, more than ever.

The session spoke about how the National Digital Health Blueprint is more a vision than simply a scheme, which talks about the way India should move forward in the digital health space.

India has a huge fragmented private and public healthcare sector. The government believes that private players can play a major role in developing and implementing the digital ecosystem, while the government can provide all the support required. The government is looking at private sector collaboration especially in the areas of health lockers, and telemedicine.

By India, for India

The panel said that three groups are important in digital health: clinicians, patients, and administrators. Examples of Apollo Hospitals were shared, wherein, for corona management, the hospital ran a machine learning model with 23 parameters that could predict

DIGITAL SOLUTIONS IN HEALTHCARE DEVELOPED BY INDIA FOR INDIA

death at 7 days or 20 days of admission. It was a widely-acclaimed study, which will soon get published as well.

The hospital conducted COVID-19 ventilation training for 163,000 people, using simulation. A COVID risk scan developed by Apollo Hospitals saw 16 million downloads! While their most hospitals were being virtually monitored. These were all digital initiatives, developed in India and by India.

One of the highlights was that the JCI did their virtual accreditation for a hospital for the first time. The panel discussed how knowledge is now easily available to individuals and it is going to be a game changer. The experts shared how more than 10 papers are published every hour, using the digital medium.

The panel agreed that digital health will pave the way for the next phase of medicine and its delivery. India sees 60% disease burden in the non-communicable space, and these can be easily monitored and treated by utilizing digital capability to provide 360-degree remote care.

Use of data

Business intelligence is the need of the hour for the healthcare industry. An example was shared on how Netherlands monitors its healthcare data. They make use of invoice data to improve healthcare and to make it data driven.

Healthcare infrastructure and delivery costs lot of money, and thus it is necessary to find new ways to provide timely and quality care to people. Standardization is a crucial weapon here. One common language that can be used by everybody and there is less room left for misinterpretation. Making systems data driven takes care of such loose ends.

The Netherlands has made and maintains 155 standards in healthcare. The country's system has information on products that are centered around patient groups and the system integrates the first, second and third line of care.

Then the data follows group of persons and finds correlation. All examples are based on real data. This helps healthcare service providers in coming up with ways to reduce healthcare costs, by use of accurate data. Such examples can be used by India and adapted.



Dr. Praveen Geedam



Dr. Anupam Sibal

National Digital Health Blueprint is a vision, which talks about the way India should move forward in digital health space. In the near future, private players will play a major role in digital ecosystem

Dr. Praveen Gedam, Additional CEO, National Health Authority (NHA)

DIGITAL SOLUTIONS IN HEALTHCARE DEVELOPED BY INDIA FOR INDIA

This way, healthcare providers can come up with value-based healthcare models, by combining three things: quality, cost and outcome. Data can also be used to detect claims frauds, by utilizing AI for analytics, players can take care of this financial issue. Data exploration can also be done for predictive value of cocktails on disease complications.



Mr. Shishir Aggarwal



Mr. Shashank ND



Mr. Karan Singh



DIGITAL SOLUTIONS IN HEALTHCARE DEVELOPED BY INDIA FOR INDIA

Teleconsultations, med tech & e-pharmacies

Telehealth became the lifeline in times of social distancing, it also resulted in many collaborations and partnerships among stakeholders. Together, organizations were able to cater to a larger and deeper section of patients.

After the Telehealth guidelines were out in March 2020, home care monitoring for COVID-19 picked up pace. Alongside, 150,000 wellness centers were also started by the Government.

The panel spoke about how med tech can facilitate the use of appropriate technology for improved access, to ensure seamless care during the patient journey.

The experts discussed how many value-based solutions came up during the pandemic; how various make in India, low-tech and high-volume products were and are being made in the country now.

Experts opined how medical devices sector in India is at a strong pivot and with the right government support, it can only become stronger and grow further. The panel shared how the e-consultations and e-pharmacy businesses saw 5x to 10x growth. Also, the way unified continuous care can be developed further, and digitization can bring a lot of non-healthcare individuals into the space.

The real leapfrogging for India will be when it makes the NDHM successful. All of these plans should be aptly supported by microinsurance. Plus, a boost to digital transactions is also required. In terms of adoption, digital transactions still hold a paltry 2-3% of the market share.

Telehealth became the lifeline in times of social distancing, collaborations and partnerships happened, many Make in India, low-tech high-volume products were made

Mr. Shishir Agarwal, MD, Terumo India Pvt. Ltd.

There was 5x to 10x growth in e-consultations and e-pharmacies. However, digital transactions are still in early single digits value of 2-3%

**Mr. Shashank ND,
Founder & CEO, Practo**

For COVID management, we ran a machine learning model with 23 parameters that could predict death at 7 days or 20 days of admission

**Dr. Anupam Sibal,
Group Medical
Director, Apollo
Hospitals Group**

BECOMING ATMANIRBHAR IN MEDICAL DEVICES – REALIZING THE VISION



Experts

Chair: Dr. S. Eswara Reddy, Joint Drugs Controller (India), Central Drugs Standard Control Organization, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India

Moderator: Ms. Charu Sehgal, Partner Leader, Lifesciences and Healthcare, Deloitte

Experts:

Mr. Anish Bafna, CEO & MD, Healthium MedTech

Mr. Himanshu Baid, Managing Director, PolyMedicare

Mr. Madan R Krishnan, Vice President and MD, India Medtronic

The session conferred on the Government's focus to strengthen healthcare, with the medical device sector being one of the priority areas.

The market size of medical devices has been estimated at around Rs. 50,000 crore; and the Government realizes the importance of being Atmanirbhar in this zone. The panel spoke on how the regulators in India are serious about promoting Atmanirbhar Bharat and indigenous manufacturing of medical devices.

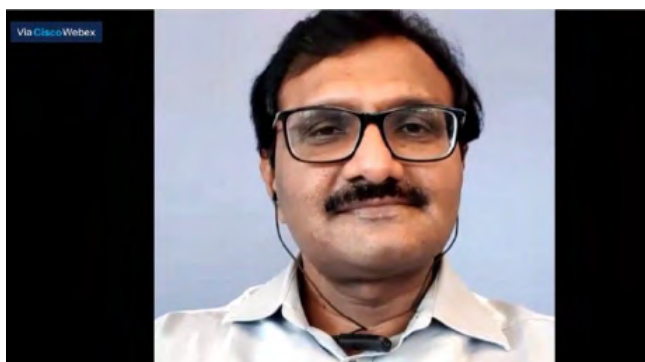
As per the panel experts, the medical devices sector has the capacity to run past the large Indian pharma industry, within the next decade.

The PLI schemes, cover medical devices manufacturing for the first time and a bigger vision of making India Atmanirbhar in this critical area by encouraging the setting up of medical device industrial parks. While these are strong first steps to replicate the global success of IT and pharma industries, which flourished under similar initiatives, we need to recognize that manufacturing of medical devices is and will be a different journey.

BECOMING ATMANIRBHAR IN MEDICAL DEVICES – REALIZING THE VISION

The existing supply chains are complex with components manufactured in clusters in different part of the world and shifting these value chains to India or for India to integrate into these global value chains will require careful thought and deliberation beyond just financial incentives to undertake this type of manufacturing in India. How can medical device parks be used to help India attract global supply chains and develop regional competitiveness?

The panel explained that the only successful example of an emerging market moving from negligible competence in medical device manufacturing to become a manufacturing hub for this category is Costa Rica. The model may not be entirely replicable in India, but serves as a good proxy for what India can achieve with the right blend of inputs.



Dr. Eswara Reddy



Mr. Madan R Krishnan



Ms. Charu Sehgal

Market size of medical devices is Rs. 50,000 crore. The Government is coming with the innovation promotion council through which it will provide economic support to grow the sector

Dr. S. Eswara Reddy, Joint Drugs Controller (India), Central Drugs Standard Control Organization, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India

BECOMING ATMANIRBHAR IN MEDICAL DEVICES – REALIZING THE VISION

The required push

India has shown its capability and capacity to produce products on a large scale and in a short period of time; examples ventilators, PPEs, and more. However, to reach its potential, the sector entails apt support from all stakeholders, and mobilizing of adequate resources. The medical device industry needs to be supported by thorough R&D programs.

Stakeholders are also required to flex their finance muscles and pump in more money, for upgrading the funding in this sector, especially for quicker recovery. The panel positively noted the Government's PLI scheme of half million dollars, at the time of pandemic crisis. The regulators had moved at a swift pace to approve the scheme and put it in place.

Similar steps are being taken by the office bearers. For instance, as individual companies find it difficult to have their own innovation centers, the Government is coming with an Innovation Promotion Council, through which stable economic support will be provided to such companies. The Government also has plans to set up special courses in medical device area. Such empowering actions will go a long way in giving the required fillip to this sector.

The takeaways and learnings

To accelerate Atmanirbhar Bharat, India needs to start in an area that can utilize its unique strength and target areas; it will assist in kick-starting the big progress that is targeted. The panel shared China's manufacturing ramping up initiatives, which they achieved by investing heavily in R&D.



Mr. Himanshu Baid



Mr. Anish Bafna

India has shown the capability and capacity to produce products in large scale and in a short period of time

**Mr. Himanshu Baid,
Managing Director,
PolyMedicure**

Want to see consultative policies in decision making. There should be predictability in rules and regulations

**Mr. Madan R Krishnan, Vice
President and MD, India
Medtronic**

BECOMING ATMANIRBHAR IN MEDICAL DEVICES – REALIZING THE VISION

In India, one of the critical factors creating hurdles in the growth, is reimbursement. Thus, Government's strategic support becomes vital. India can make use of economies of scale, and the nation should opt for a mix of infrastructural support for innovation and policy.

Likewise, aggressive marketing to the entire globe is required, to elevate Atmanirbhar Bharat in this arena.

Following are some more suggestions that were floated in the panel:

- Increased focus for reduced dependence on imported products and parts
- Stakeholders should collaborate to innovate
- Digitization to be adopted widely
- Predictability of rules is a requirement by the sector
- Utilize India's biggest pool of English-speaking STEM graduates
- Enable clinical and data sciences usage
- Increased consultative policies in decision making
- Higher quality consciousness

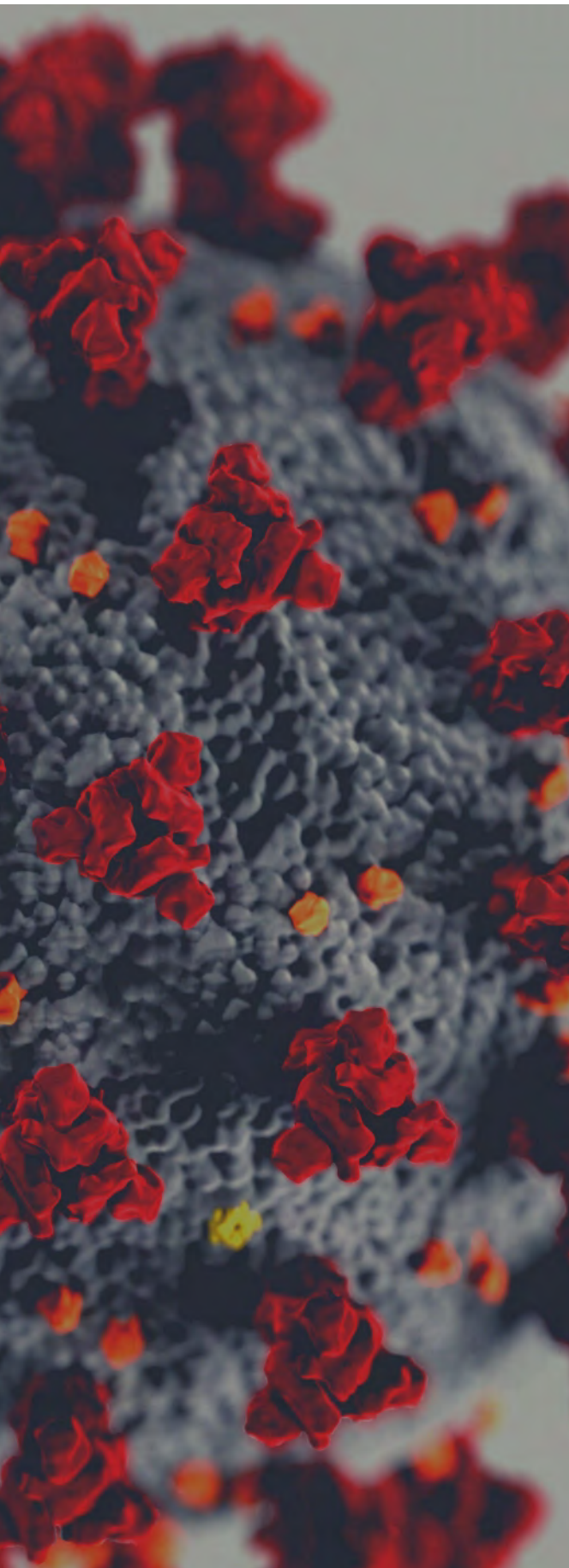
Atmanirbhar Bharat is not a choice anymore, it has become a pertinent need for the country.

**There should be a mix of infrastructural support for innovation and policy.
We need economies of scale. Government support is very critical**

Mr. Anish Bafna, CEO & MD, Healthium MedTech



RE-IMAGINING HEALTH AFTER CORONAVIRUS: WHAT DOES THE FUTURE HOLD?



Experts

Ms. Ireena Vittal, Advisor (Business Building),
Expert (Indian Agriculture and Urban Change)

Ms. Suneetha Reddy, MD, Apollo Hospitals
Enterprise Limited

Facilitator:

Ms. Karine Bachongy, Global Social
Infrastructure Lead, International Finance
Corporation (IFC)

The experts shed light on the fact that a new normal will set in post pandemic. Good news is, as per the Government, healthcare is the first pillar on which economy is going to be built.

This is perhaps the first time that India's healthcare crisis has resulted in a grand financial crisis. The experts shared how re-imagination was achieved by the creation of a heat map during the pandemic, to know where and which population needed/needs to be served. With the help of digital health, players were able to move to the consumer and consumers were able to move to the provider.

Lessons learnt during the pandemic

A significant learning has been the scaling of collaboration. In a world, which was highly competitive, stakeholders have learnt how essential is collaborative approach for serving the consumers or patients better. COVID-19 has also accelerated digitization and therefore the unbundling of the hospital delivery systems. Value-based financing has seen better days now. Data flow was used to bring transparency. Now this data conversation can be framed in the future so that it goes beyond EHR.

Preparation for pandemics in the future

India's 16% of population is going to be over 60 years old and 13% of population over the age of 45 by the year 2025. Additionally, this 29% of population will be exposed to NCDs and other critical illnesses.

RE-IMAGINING HEALTH AFTER CORONAVIRUS: WHAT DOES THE FUTURE HOLD?

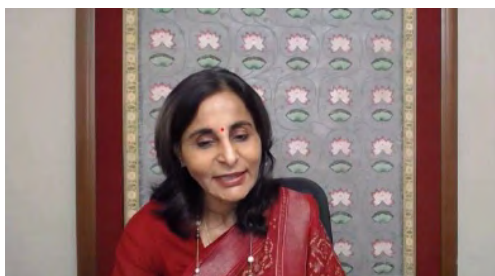
Covid has accelerated digitization and therefore the unbundling of the hospital. Data flow to bring transparency will be important

Ms. Ireena Vittal, Advisor (Business Building), Expert (Indian Agriculture and Urban Change)

Accordingly, India should be flexible about the use of infrastructure. Formats of care are going to play imperative roles.

Growth sectors & future holdings

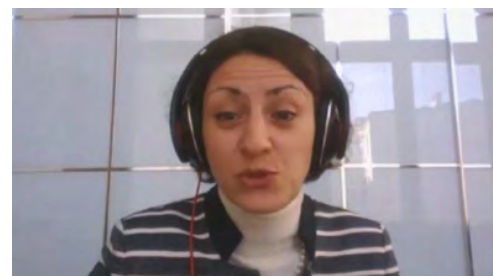
The chat discussed the opportunities for the private health insurance to grow. Currently, insurance is growing at 36%, which is snail pace, if one considers India's health need status. Future holds many promising and new avenues of care delivery. For example, now everyone is comfortable with how chronic care management can be done over a phone with telemedicine. Care is moving closer to the consumer. Stepping up gas is also home healthcare. With hospitals seeing a 60-70% drop in occupancy rates, it is time to really re-imagine how healthcare will now be consumed. Mending the trust deficit between public and private sectors, surging hospital infrastructure plans, boosting public private partnerships, testing of VGF schemes, progressing with adoption of digital care, and growth of newer models of care delivery, will pave the way for future of healthcare.



Ms. Suneetha Reddy



Ms. Ireena Vittal



Ms. Karine Bachongy

India's 13% population will be 45+ by 2025, out of this, 29% will be exposed to NCDs and other critical illnesses. Players should be flexible about how they use the infrastructure

Ms. Suneetha Reddy, MD, Apollo Hospitals Enterprise Limited

Frame data conversation, so that it goes beyond the EHR. Healthcare is a risky business and we need to recognize that

Ms. Karine Bachongy, Global Social Infrastructure Lead, International Finance Corporation (IFC)

OUTCOMES

- Stakeholders agreed on leveraging disrupting technologies such AI, IOT, and healthcare applicators
- The National Digital Health Blueprint was termed as a vision to take India forward in digital health
- Data shared on how India sees 60% disease burden in the non-communicable space and these can be easily monitored and treated by utilizing digital capability to provide 360-degree remote care
- Experts discussed how local manufacturing needs to be given a pertinent boost by increased investments, by government support, and collaborative approach
- Information shared on the provision of starting four medical parks in India; incentives are being provided so that Indian manufacturers are not dependent on imports
- Experts suggested that aggressive marketing to the entire globe is required, to elevate Atmanirbhar Bharat
- Future trends were spoken about, like how care is moving closer to the consumer. India is seeing a surge in telemedicine, home healthcare, digital tools adoption
- To balance the business hospitals are losing by a 60-70% drop in their occupancy rates, re-imagination required to enhance the sector, healthcare consumption trends are evolving
- Importance of mending the trust deficit between public and private sectors was talked about

Where we are
TODAY





SESSION 4

Infrastructure expansion

How can we reimagine health
infrastructure development over the
next 5 years for India and Bharat?

26TH MARCH 2021

Expanding and redeveloping health infrastructure in urban India
Unlocking the gates to Bharat- How to take healthcare into India's hinterland
India Africa Health Summit, Report presentation & Next Steps

INTRODUCTION

Session introduction

Dr. Ashutosh Raghuvanshi, Secretary of NATHEALTH, MD & CEO, Fortis Healthcare Ltd.

Keynote address

(Hon.) Mr. Anurag Singh Thakur, Minister of State Finance and Corporate Affairs, GoI



(Hon.) Mr. Anurag Singh Thakur



Dr. Ashutosh Raghuvanshi

The goal of healthcare is to increase human life expectancy and focus more on solving health issues. Perfect balance is a healthy dose of both. India has made historic strides in public healthcare. Now, the view for the future should be to make India the most affordable and accessible healthcare system, make it the pharmacy of the world, and more. India is going through a major change at grass root level in the health sector. If one looks at Ayushman Bharat, 50,000 wellness centres are serving, 15 million poor have availed free treatment, 7000 Jan Aushudhi Kendras have started, medicines are being sold at low prices to the poor of the country.





INTRODUCTION

Mobile Aspathaal medical units benefitted more than 5 lakh individuals. With regards to the pandemic, Rs. 35,000 crore was announced for covid vaccines, the Pradhan Mantri Atmanirbhar Swasth Bharat Yojna was launched.

India is expanding access of healthcare in the far-flung areas of the country. Healthcare is a major pillar of the economy, which generates high employment. However, it still lacks ample infrastructure expansions.

The sector should look at the following areas:

- Increase in employment opportunities
- Address shortfall of healthcare professionals
- Increased nursing, paramedical and medical colleges attached to district hospitals
- Focus on technology and other areas, with terms of Universal Health Coverage
- Adopt advanced techs like block chain, AI
- Ensure no wastages, no slippages, better outcomes

Pertinent questions to be asked are:

- Ideas on overcoming challenges of developing/modernizing health infrastructure in urban areas
- Can public sector infrastructure be leveraged/redeveloped to expand services in metro/larger urban centers?
- How can asset light, disruptive models be developed for urban areas: InVIT, PFI, REIT based models?
- Challenges/bottlenecks for the private sector to develop healthcare in tier 2/3 cities?
- Can a “Bharat” specific capital and operational model be developed?
- How can the private sector be encouraged to increase investment in the tier2/3 cities in 3-5 years?
- Growth at the bottom of the pyramid: Can small hospitals in tier2/3 become engines of growth?
- Expansion of stakeholders’ vision, will ensure expansion of infrastructure horizons



CAN NURSING COUNCIL OF INDIA & PARAMEDIC BILL FILL CAPACITY GAPS IN FRONTLINES?



Dr. Rajesh Bhushan

Expert

Dr. Rajesh Bhushan, Secretary, Ministry of Health & Family Welfare, GoI

India is an emerging global market, with healthcare as its key weapon. There have been significant advancements in healthcare. Moving forward, a strong focus is required on strategic investments in capacity building and training a competent healthcare workforce.

For building of a competent workforce, the MOHFW has constituted a statutory framework called the National Commission for Allied and Healthcare Professions Bill, 2021. The Bill has already passed by parliament.

It will provide regulation of more than 50 allied and healthcare professions, encompassing a whole range of care givers for better educational qualification and training. To further accentuate the capacities and capabilities of the sector, the MOHFW constituted NMC in September 2020.

There are some upcoming substantial and extensive measures from the Government, which will usher in radical reforms in the healthcare sector. One of them being the National Nursing and Midwifery Commission Bill, under which training and infrastructure development for nurses and midwives will play center stage.

There are 32 lakh registered nursing professionals in India, and more than 5000 nursing institutes in the country. Out of this, 90% are in the private sector. The Bill is a leap of the Government to ramp up its efforts for strengthening of nursing education sector. It was also informed that the law for the Bill will be brought in 2021.

The NHM has also envisaged participation and utilization of strengths of private sector, to boost the industry's workforce. National Health Policy 2017 too, provides future direction to shape up the growth of private healthcare industry and PPPs. The reason being, private sector strengths can be leveraged for skill development in areas of nursing, allied healthcare services, and more.



CAN NURSING COUNCIL OF INDIA & PARAMEDIC BILL FILL CAPACITY GAPS IN FRONTLINES?

About National Nursing and Midwifery Commission Bill

The Bill, currently under review, will provide for regulation and maintenance of standards of education and services by nursing and midwifery professionals. It will also provide assessment of institutions, maintenance of a Central Register and State Register and creation of a system. All of which will improve access, research and development and enable adoption of latest scientific advancement. There are 9,34,583 Auxiliary Nurse Midwives, 22,72,208 Registered Nurses and Registered Midwives, and 56,842 Lady Health Visitors in India, as per Indian Nursing Council. The current nurse-patient ratio is 1.7 nurses per 1000 population. The upcoming Bill is targeted towards skilling, upgrading, and increasing the nursing workforce in the country.

About National Commission for Allied and Healthcare Professions Bill, 2021

This legislation, expected to benefit an estimated 9 lakh allied and healthcare-related professionals, seeks to regulate and standardize the education and practice of allied and healthcare professionals in the country. It will also enhance the employment opportunities for professionals. The group of allied professionals is large and the bill is trying to regulate this field, by providing dignity to their roles.

The central and state councils will include 15 major professional categories, including 53 professions in allied and healthcare-related streams. It is going to form regulatory structure and ensure registration of 50 such allied and healthcare professions.

The councils will be framing policies and standards, regulation of professional conduct, creation and maintenance of live registers, provisions for common entry and exit examinations and a system to improve research and development and adoption of latest scientific advancement.



EXPANDING AND REDEVELOPING HEALTH INFRASTRUCTURE IN URBAN INDIA

Experts

Moderator: **Mr. Rohit Sathe**, Vice President-Health Systems, Philips Indian Sub-continent

Experts:

Dr. Alok Roy, Chairman, Medica Group of Hospitals

Mr. Sunil Thakur, MD, Quadria Healthcare Private Equity

Dr. Pranav Mohan, Investment Officer, IFC

The session shed light on how India's healthcare market is growing at a CAGR more than 16% in the past 5-6 years. However, the country has a paltry 8.6:10000 doctors to population ratio, while experts cited examples of other countries who have managed to ramp this up. For instance, China's ratio is 19.8:10000, while more developed countries have it at 32:10000.

The discussion then reeled towards India's equipment infrastructure, wherein the country has less than 2 MRI per million population, while US has 40, Japan has more than 50, and so on.

As is evident, India has a huge infrastructure gap. Almost 75% of country population does not have access to a hospital. The country needs to develop infrastructure close to their houses. The Government has taken a step in this direction, by announcing the Atmanirbhar Swasth Bharat Yojna, which has in its ambit expansion and increasing the number of labs, healthcare institutions, employment, health infrastructure, digitization, health for all.

India also needs to incorporate in its plan, evolving models of care delivery, evidence-based medicine, incentive to investors, growth sectors like home care. Moreover, it is important to undertake costing exercise for the healthcare infrastructure. Rates like those of schemes like CGHS are now old and outdated. Regular revision of costs should be a key feature of redeveloping the country's infrastructure.

EXPANDING AND REDEVELOPING HEALTH INFRASTRUCTURE IN URBAN INDIA

What are the solutions for India?

There is an opportunity to expand primary care and redevelop health infrastructure in larger cities and make new investments in the growing urban areas. Capital required in tier 1 cities is high due to lack of land/high input costs. The project costs are high and there is usually lack of space. Developing hospitals and new infrastructure in small plots may be a mixed opportunity as it leaves little room for cheaper brownfield expansion. In such a scenario, stakeholders should try and find answers to questions like: Can government facilitate development by providing adequate land as a part of the urban development? High land and project costs can make health projects non-viable in larger cities, especially in the context of limited paying capacity. Can asset light models be explored including using shared infrastructure?

Developing asset light, disruptive models for urban areas can be InVIT, PFI, REIT based models. Primary and preventive care, home healthcare, care management services, and some home care services have shown considerable value by partnering with government to manage COVID patients at home. India now needs to explore what role will the emerging models play in providing low-cost high-quality services.



Mr. Rohit Sathe



Dr. Alok Roy

75% of country's population does not have a hospital to go to. India needs to develop infrastructure close to their houses

Dr. Alok Roy, Chairman, Medica Group of Hospitals

Health and wellbeing budget does include some helpful nuances. India, though, also requires health insurance that is more OPD oriented

Mr. Sunil Thakur, MD, Quadria Healthcare Private Equity

EXPANDING AND REDEVELOPING HEALTH INFRASTRUCTURE IN URBAN INDIA

The panel discussed at length possible and practical remedies for India's health infrastructure dilemmas. Some of the key suggestions are as follows:

- Adequate financial boost for healthcare infrastructure – public & private
- Exploration of innovative models of infrastructure growth
- Development of skilled workforce
- Growth of quality tertiary care
- Investments in technology and transitions to drive healthcare infrastructure impact
- Expand public health infrastructure
- Focus on core delivery areas
- Investments to grow the private sector
- Explore and successfully implement hybrid PPP models
- Optimum utilization of the health and wellbeing budget of the Government
- Health insurance need to rehaul and become more inclusive, include services like OPD visits

Expand public and private health infrastructure, with a strict focus on delivery. Bring in hybrid PPP models

Dr. Pranav Mohan, Investment Officer, IFC



Dr. Pranav Mohan



Mr. Sunil Thakur



UNLOCKING THE GATE TO BHARAT – HOW TO TAKE HEALTHCARE INTO THE HINTERLAND OF INDIA



Experts

Chair: **Mr. Pradipta Kumar Mahapatra**, Addl. Chief Secretary, Health, Government of Odisha

Moderator: **Ms. Priyanka Aggarwal**, MD and Partner, BCG

Experts:

(Hony) Brig. Dr. Arvind Lal, Past President of NATHEALTH and Executive Chairman, Dr Lal PathLabs

Mr. Santhosh Mathew, Country Lead, Public Policy and Finance, Bill & Melinda Gates Foundation

Dr. Vivek Desai, Founder, HOSMAC India

The session anchored on taking healthcare into the hinterland of India. There are massive unmet needs for speciality healthcare in tier 2/3 cities, but no significant expansion. India has an acute access challenge and information asymmetry.

India does not have a shortage of investors, but to step into rural India, viability needs to be created for capital to be invested. There has to be a seamless access of services, proper use of technology, digital disruption.

There is also a major issue of the inability of government to pay on time, which kills the motivation of the private sector players. There have been many such projects, which could not sustain. While the Government has been increasing its spending on healthcare, the fact remains that there is still gross under spending on health.

It requires huge capital investment to build a hospital, and thus, for successful projects, incentivizing the private sector is an absolute requirement.

A valid turn is now required in costing of procedures and pricing under schemes like the PMJAY. The private sector has time and again suggested partnerships with the Government, even to run the health and wellness centers under Ayushman Bharat.

UNLOCKING THE GATE TO BHARAT – HOW TO TAKE HEALTHCARE INTO THE HINTERLAND OF INDIA

We adopted evidence-based health programs in Orissa. These programs were adapted as per the rural requirements, and were highly successful

Mr. Pradipta Kumar Mahapatra, Addl. Chief Secretary, Health, Government of Odisha

However, it all boils down to the viability aspect, where talks halt and projects get shelved.

Achieving equity in healthcare

There is a need for decentralized speciality and super-speciality services, along with gradual ramp up of MBBS and PG seats in a more equitable basis. So that rural India can be satisfactorily covered.

Most infrastructure investment occurs in metro or tier 1 cities. Players should find ways for new investments be facilitated in under served districts. Bringing specialty and super-specialty care to under served districts can be achieved by PPP models via exiting public sector or pure private investment.

Challenges in Tier 1 health projects are unique, and the same models may not work in tier 2/3. For example, location of land may be more critical than price of land in some of the smaller cities. Private sector has limitations based on project risk and investor interest. There is a need to create viable infrastructure in the tier 2/3 cities in 3-5 years to guide and absorb into the field the additional doctors and paramedical staff that are likely to start entering the job market in the next 3-4 years. Based on budgetary constraints, the private sector can take the main role. Thus, both sectors should explore innovative models to facilitate this expansion and investment opportunities.

More than anything, models should be adapted for the rural landscape.



Mr. Pradipta Kumar Mahapatra



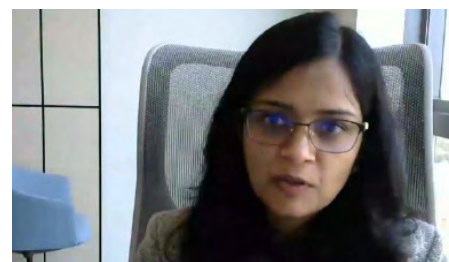
Mr. Santhosh Mathew



(Hony.) Brig. Dr. Arvind Lal



Dr. Vivek Desai



Ms. Priyanka Aggarwal

UNLOCKING THE GATE TO BHARAT – HOW TO TAKE HEALTHCARE INTO THE HINTERLAND OF INDIA

Adaptations for the Indian scenario

Every geographical location has its own set of characteristics. Healthcare plans should revolve around these unique features. In a country like India, a one-size-fits-all model hardly works. An example was shared wherein IIT Kanpur is working on promote research between medicine and engineering. They are trying to come up with technologies, which are more adapted to the Indian scenario.

Good news is, India is seeing some impetus being given to tier 2/3 towns, and there is an increasing trend of doctor entrepreneurs coming up in such locations. High-volume low-cost models like that of Narayana Hrudayalaya can serve as learning points for expansion into rural India.

PPPs in such a set-up will also only work when done with the right perspective and involves a win-win for both public and private sectors.

An instance was shared that of Orissa. The state had huge infrastructure challenges, bed gaps across the districts, lack of trauma care facilities, tertiary care was concentrated in tier 1 cities, overcrowding of government hospitals, affordability, and more.

Then, things turned for the better, when evidence-based health programs were put in place. These programs were adapted as per the rural requirements and were successful. Achievements were seen like patient management, reduction in overcrowding, better management of OPDs, and even affordable healthcare programs in tier 2 and 3 cities were put into place.

IIT Kanpur is researching between medicine and engineering. They are trying to bring technologies, which are more adapted to the Indian scenario

Dr. Vivek Desai, Founder, HOSMAC India

Seamless access of services, information symmetry, viability for capital to invest, and digital disruptions are required to enhance reach

Mr. Santhosh Mathew, Country Lead, Public Policy and Finance, Bill & Melinda Gates Foundation

Huge capital investment is required to build a hospital. Thus, there is a need to relook at the pricing of PMJAY, and incentivize private sector

(Hony) Brig. Dr. Arvind Lal, Past President of NATHEALTH and Executive Chairman, Dr Lal PathLabs

INDIA AFRICA HEALTH SUMMIT – UPDATE AND NEXT STEPS



Mr. Ashwajit Singh

Expert

Mr. Ashwajit Singh, Founder & MD- IPE
Global Group

NATHEALTH had recently conducted the India Africa Health Summit. The key objective of the India Africa Health Summit was to foster healthcare relations between both the nations, to transform the healthcare ecosystem. Which will ultimately assist in enhancing the relationship between government and private sector and achieving the sustainable development health goals of Universal Health Coverage. As part of the 3-year of MoU, thematic collaboration areas for Task Force Structure were formalized.

Below are the key recommendations that came to fore:

- Private sector can play critical role in supporting Government efforts towards UHC
- Government and industry leaders to jointly create a conducive policy, regulatory and legal framework for effective private sector participation
- Associations/Federations need to engage and deliberate more, remove barriers in access to quality healthcare and patient outcomes
- Focus on innovative healthcare approaches for transformation
- Periodic assessment of health infrastructure requirements, technical capacity, availability and affordability of medicines, development of supply chains, critical products
- Sharing of best practices to reduce costs, accelerate health outcomes and promote health security


Progress so far

- Task forces formed and reporting to Steering Committee, co-chaired by Presidents of AHF and NATHEALTH
- Each task force led by leadership team of AHF and NATHEALTH
- Task forces working to develop detailed Action Plans covering key outcomes, policy focus areas, resource mobilization plan, and more
- Plans to garner stakeholder support from development partners and private sector
- Special group being formed for the purpose
- Reach out to funding organizations (multilateral, bilateral, philanthropies and corporates) with interest in specific task force areas to act as Anchor organizations
- Develop potential collaboration opportunities with India's Development Partnership Administration (DPA)

Both regions are committed to the causes and key result areas and are working towards achieving the same at a fast pace.

OUTCOMES

- Industry lauded the passing of National Commission for Allied and Healthcare Professions Bill, 2021, to regulate and standardise education and practice of more than 50 allied and healthcare professions Expected to benefit about 9 lakh professionals
- Stakeholders appreciated the under-review National Nursing and Midwifery Commission Bill, for training and infrastructure development for nurses and midwives
- Plan is to bring under ambit 32 lakh registered nursing professionals in India, increase too
- To cover the 75% of country population with no hospital access, it was agreed to develop infrastructure close to their houses
- Atmanirbhar Swasth Bharat Yojna will expand and increase labs, healthcare institutions, employment, health infra, digitization
- Panelists echoed that it is important to undertake regular costing exercise for the development of healthcare infrastructure
- Opportunity was seen to expand primary care, redevelop infra in growing urban areas
- Suggestions were floated for developing asset light, disruptive models for urban areas, InVIT, PFI, REIT based models
- Rural India can be aptly covered by successfully implementing hybrid PPP models
- For successful projects, incentivizing the private sector and creating viability for investors is an absolute requirement
- Create new models for rural areas, their challenges & opportunities are unique
- Example of IIT Kanpur can be followed by others, wherein they are trying to come up with technologies, more adapted to the Indian scenario
- High-volume low-cost models like Narayana Hrudayalaya learnings for rural expansion
- Instance of Orissa can be used by other states. It overhauled the health infrastructure by using when evidence-based health programs



Where we are
TODAY

The background of the slide is a photograph of a desk. In the foreground, there is a red ceramic cup filled with a frothy beverage, likely coffee. To the right of the cup is a spiral-bound notebook with lined pages. A silver pen lies diagonally across the notebook. In the upper left, a blue folder or binder is partially visible. The overall scene is softly lit, creating a professional and focused atmosphere.

SESSION 5

Skilling in Healthcare

Can PPP be the game changer to
bridge the demand supply gap
in skilling?

26TH MARCH 2021

Financing of healthcare for improving skilling
Balancing “More money for health” vs “More health for the money spent”
Increasing investment in medical education
Scaling up availability of paramedical and allied staff
Announcement of NATHEALTH & TiE Mumbai tie-up

INTRODUCTION

Session introduction

Ms. Preetha Reddy, President NATHEALTH & Executive Vice Chairperson, Apollo Hospitals

Keynote address

Dr. Devi Prasad Shetty, Founder, Chairman & Senior Consultant Cardiac Surgeon, Narayana Health



Dr. Devi Prasad Shetty



Ms. Preetha Reddy

The session informed about the acute shortage of 80 million health workforce in the world. No country could have advance planned to address this shortage. Healthcare requires intense training for a long period. Thus, it also takes long period for people to join the active workforce.

Situations are worse for developing and underdeveloped countries, which see their workforce leaking into other countries. Developed country simply relax their norms to take in work force from India and other countries.

INTRODUCTION

Strong push is need of the hour

Although India too is now seeing some highly active initiatives from the Government, like the NMC, which has focussed people at the helm. There is a budget of Rs. 600 crore to set up medical colleges, plus Rs. 140 crore per year to run the colleges.

For a country like India, it is tough to make medical education affordable, given how intensive it is. A single nursing college requires 45000 sq. feet to start with. Then there are issues of faculty availability and quality. The major solution can be, if there are 500 medical colleges, make space for 80,000 medical seats. Meaning, double the number of seats. There should also be step wise provisions like, pre-clinical education in college, clinical education in district hospital, upgrade the district or taluka hospital. Also, diploma courses should be launched, it will create a difference in outcome of healthcare across the country.

Lastly, unlock greater private sector participation in medical education. By make attractive provisions to invite investments, and perhaps the use of private hospitals.

Challenges to overcome

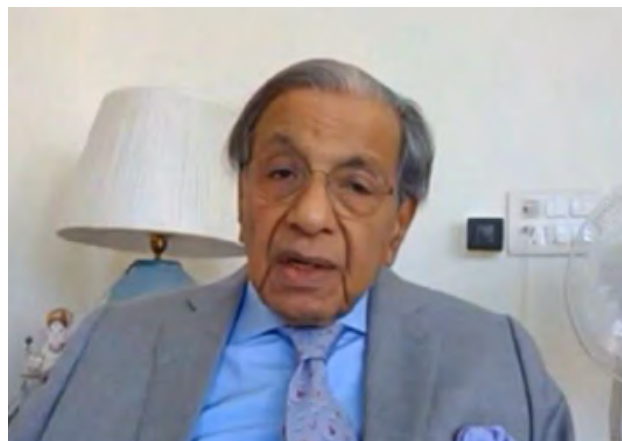
Medical education is still regulated by multiple state and central laws and there are legal limitations on revenue and profitability of private medical colleges. There is a severe shortage of specialists with community health centers facing an overall 80% shortage of specialists. There is a need to develop medical education models that also focus on specialist. In such a scenario, stakeholders should find answer to questions like: Can programs such as DNB be utilized to develop more capacity for specialist training?

Pertinent questions to be asked are:

- How can bankable PPP models be designed for medical colleges?
- How can the pool of specialists be expanded? How can upskilling, micro-credentialing done?
- How to bringing the allied health workers to the center stage?



HOW CAN INDIA BALANCE THE NEED FOR “MORE MONEY FOR HEALTH” VS “MORE HEALTH FOR THE MONEY SPENT”?



Mr. NK Singh

Expert

Mr. N. K. Singh, IAS, Chairman, The Finance Commission of India, Government of India

A country like India needs to balance the need for more money for health and more health for the money spent. Healthcare is different from other sectors of the economy, and requires intense capital investment and takes a long time to even break even. Healthcare technologies are ever changing and end up burning a hole in the providers' pockets. At the same time, a big chunk of population cannot afford quality healthcare services due to price barriers. Thus, the balancing act is the need of the hour. To increase the infrastructure and increase the healthcare coverage.

However, for both the scenarios, it is an absolute necessity to have enough number of health personnel. The country has a grossly inadequate number of health delivery personnel.

Surely India has achieved progress in infant mortality, death rate, and multiple health parameters. However, at times, the health risk can be beyond the people's ability to pay. Challenges in the balancing act are inadequate funding, neglect of urban health, poor rural health infrastructure, low level of public hygiene.

Encouraging news is that the latest Budget has highlighted the interlinkages of health to water, sanitation, hygiene. And improved the provisions for financing of healthcare.

The future surely holds promise, though the situation may be a bit grim at present.



FINANCING OF HEALTHCARE



Dr. RS Sharma

Expert

Dr. RS Sharma, CEO,
National Health Authority

As discussed in previous sessions too, the country is in dire need of a pumped-up financing system to be put in place. It is an absolute requirement to achieve Universal Health Coverage for India, which is critical aspect in ensuring quality and affordable healthcare. The Government has been developing many initiatives to cater to this need. NDHM is one such example, which has been launched to bring the entire ecosystem together, including the aspect of financing in healthcare.

Viability care funding schemes are being worked out to ensure investment in underserved areas. There is now improved focus on healthcare setups in tier 2 and 3 cities. In addition, lot of digital innovation is being carried out.

However, the sector needs to strengthen the primary care and inpatient capacity should be improved as well. Focus on NCDs is also the need of the hour for the country.

The Government has, after lot of deliberation and research, put in place some standard treatment workflows under Ayushman Bharat. For instance, hospitals that are giving better quality of care are given incentives, and so forth.

Although, it is time to surge the efforts in exploring further avenues for private sector investments. For bringing in private financing, certain hitches need to be taken care of. For instance, regulatory clarity needs to be achieved, the Government should take care of private players' rue about Ayushman Bharat rates not being affordable, ease of doing business should be accomplished, timely payments should be made.

The private sector has been willing to finance healthcare and join hands with the Government in doing so. However, the situation has to be made viable for the sector to come under such collaborations. After all, financing can only happen if there is both, input and output of financing.



INCREASE INVESTMENT IN MEDICAL EDUCATION



Experts

Chair: **Prof. Randeep Guleria**, Director, AIIMS

Moderator: **Mr. Alexandre Fernandes Oliveira**, Chief Investment Officer, Health & Education, Asia Pacific, IFC

Experts:

Dr. Murali Srinivasan, Professor of Neurology and Chief of Clinical Services, Manipal Hospitals

Mr. Sandeep Makkar, MD, J&J Medical India

The session conversed on the topics of medical education in India, the current scenario, challenges, and opportunities for heightened private sector participation. Reason being, more than 50% of medical colleges are in the Government sector.

Also, it is an open secret that the country needs to push and increase the seats in PG and DNB courses. This will entail more investments in medical colleges. This in turn requires models of education and PPPs that are innovative and can attract investments, especially from the private sector.

With the emergence of the National Medical Commission and the opening of the medical education sector to the fully-commercial private sector, new opportunities have arisen in the medical education sector for expansion. The NITI Aayog has also developed PPP models for developing medical colleges in government hospitals.

Key questions that need answers are: Can the organized private sector now start playing a bigger role in the medical education sector? What are the challenges and bottlenecks?

Tapping current strengths & developing future plans

Holistic health across the country is the current requirement of the nation. India has been rapidly launching initiatives and policies to strengthen the healthcare sector. Right from promoting eating right habits to Fit India movements, there have been some

INCREASE INVESTMENT IN MEDICAL EDUCATION

landmark reforms in the healthcare space in recent years.

Adding to that are the Bills for National Medical Commission, National Commission for Allied and Healthcare Professions, Dental Commission, and the upcoming Nursing and Midwifery Commission, will be game changers for the medical education and skilling industry.

India has taken strong strides recently, and has even emerged as the vaccine manufacturing hub of the world. The country just needs to build on such strengths now and improve investments in the education sector as well.

Following objectives should be looked at by the stakeholders:

- Increases state health spending
- Which will decrease the households facing dire health expenses
- Strengthen health systems and prepare them to face future pandemics
- Build strong IT systems to track new diseases
- NHA should attain highest level of health and wellbeing for all
- Preventive aspects of health should be focussed on
- Rapid surveillance of diseases should be put in place
- Tap into the ambitious Ayushman Bharat program to facilitate continuum of care

With the emergence of the National Medical Commission and the opening of the medical education sector to the fully-commercial private sector, new opportunities have arisen in the medical education sector for expansion

Prof. Randeep Guleria, Director, AIIMS

Private players should partner with the Government colleges and start quality post graduate programs

**Dr. Murali Srinivasan,
Professor of Neurology
and Chief of Clinical
Services,
Manipal Hospitals**

Education loan forgiveness, low interest loans to specialists for scaling up, should be considered

**Mr. Sandeep Makkar,
MD, J&J Medical India**

INCREASE INVESTMENT IN MEDICAL EDUCATION

Landmark innovations required

The recent news of allowing private sector to enter the medical education system is an appreciative step by the Government. It will help to use private sector infrastructure and leverage that to train new doctors and other healthcare workforce.

Private sector participation can leverage the development of next generation of healthcare workers. Additionally, landmark reforms should be brought in, like shortening the period of education and successful PPPs in medical education sector.

Following recommendations were discussed as part of new wave of changes:

- Education loan forgiveness, like salary multipliers
- Low interest loans to specialists to scale their practice
- Leverage digital to accelerate the education system (virtual trainings)
- Increasing capacity and quality of education
- Scale up the diploma programs. Hybrid programs to be introduced
- Frequency of training should be increased
- Hub and spoke model to be looked at for medical institutes
- CSR is grossly underutilized in healthcare, tap it
- Improve the purpose statements and communication channels of stakeholders
- For sustainability, enable resource commitment from medical colleges
- Create a system to gauge the metrics of success
- Capacity and capability building, learnings from expansion of AIIMS, that is done majorly in tier 2/3 cities



Prof. Randeep Guleria



Mr. Alexandre Fernandes Oliveira



Mr. Sandeep Makkar



Dr. Murali Srinivasan

SCALING UP AVAILABILITY OF PARAMEDICAL AND ALLIED STAFF



Experts

Chair: **Mr. Ashish Jain**, CEO, Health Sector Skill Council

Moderator: **Mr. Kaustubh Basu**, Executive Director, Management Consulting (Social Sector) at PwC

Experts:
Mr. Abhishek Kapoor, SVP – Strategy, Regency Healthcare

Dr. HM Prasanna, President, PHANA

Indian healthcare requires an education system that can create skills for the future, while upgrading the current capacities. Not much emphasis has been given on allied health, as the key remained doctors and nurses. However, it is now time to bring the allied health and skilled work force on the fore front.

The National Commission for Allied and Healthcare Professions is proposed under the Allied Health Workers bill. This initiative promises to create a framework to standardize and expand health vocational skills training services across the country. Structured, standardized and quality training can work wonders for the industry, which is facing acute shortage of staff like house keeping and support.

Skilling should focus on quality training of the trainers as well. An instance was shared here wherein Skill India provides hands on skills. Also, apprenticeship in services sector, wherein 300 institutes are already working on apprenticeship in healthcare.

Rays of hope

The National Commission for Allied and Healthcare Professions and other similar initiatives have arrived as a ray of hope for the sector. The bill will regulate what kind of schools are needed to train healthcare students, qualification of trainers, and evolve the whole ecosystem in pockets, ultimately bringing sustainability to the whole exercise.

INCREASE INVESTMENT IN MEDICAL EDUCATION

If proper training is imparted, the remote area nurses and paramedics can play an important role and help to unburden the hospitals and specialists.

Suggestions

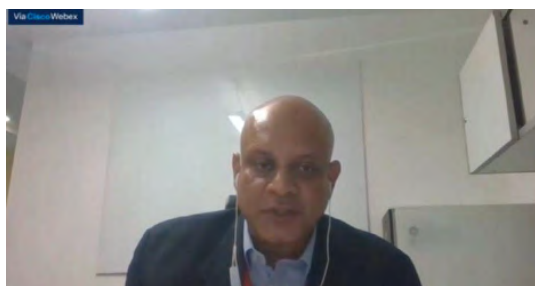
The experts came up with ideas and solutions to scale up the shortages and improve the overall delivery mechanism. Some of them are: Need for good quality nursing education, Simulation, mannequin training, on job training, Online theory teaching and classroom skill training, Technology readiness to be included in skills, Train the trainer concept, Train workers like technicians properly; differentiate them as per skills: high, medium, low, Remove red tapism that is hindering private participation



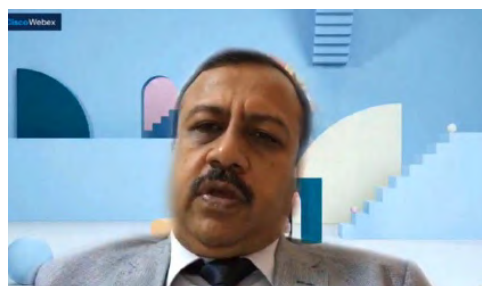
Mr. Ashish Jain



Mr. Abhishek Kapoor



Mr. Kaustubh Basu



Dr. HM Prasanna

Structured, standardized and quality training can work wonders for the industry, which is facing acute shortage of staff like house keeping and support

Mr. Ashish Jain, CEO Health Sector Skill Council

Nurses and paramedics in remote areas can play an important role and help to unburden the hospitals and specialists

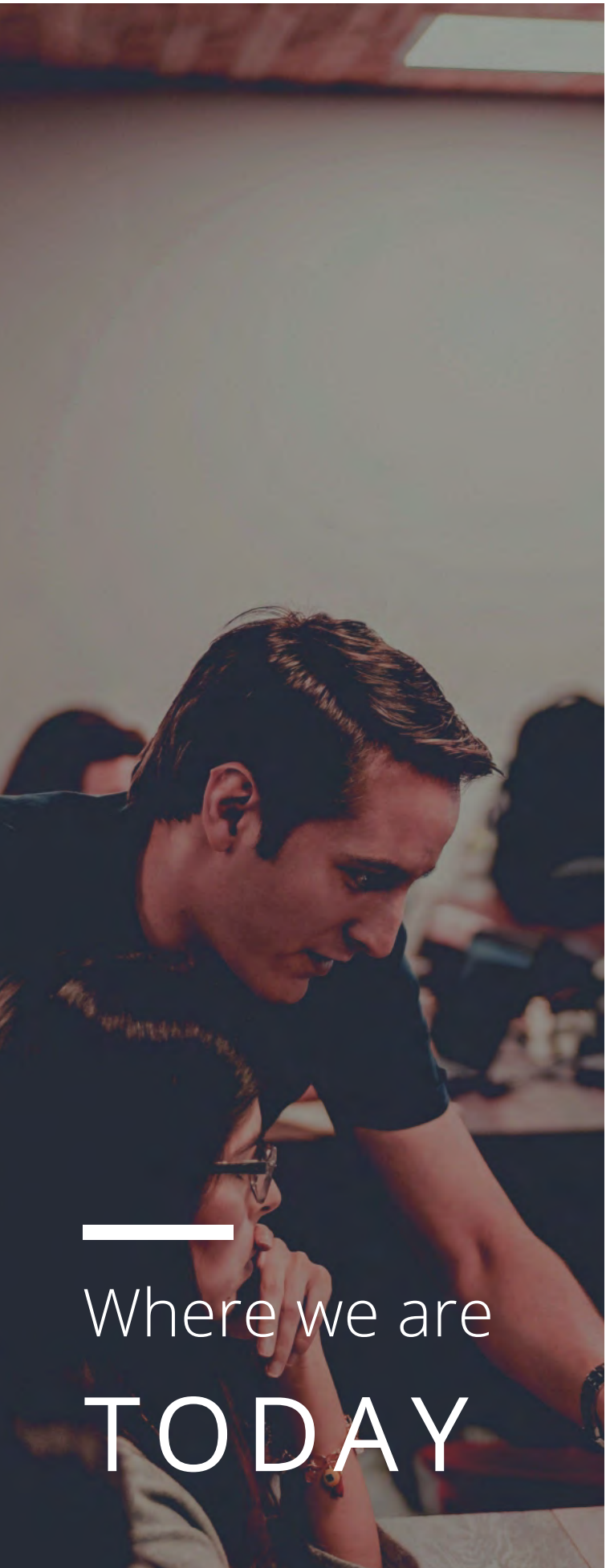
**Mr. Abhishek Kapoor,
SVP – Strategy, Regency
Healthcare**

Technicians need to be skilled in segregations, by differentiate them as per skills high skilled and low skilled

**Dr. HM Prasanna,
President, PHANA**

► OUTCOMES

- Experts commended the budget of Rs. 600 crore for medical colleges set up & Rs. 140 crore per year to run them
- For shortage, major solution can be, if there are 500 medical colleges, make space for 80,000 medical seats. Double the number of seats
- Introduce viability care funding schemes, strengthen the primary care, inpatient capacity, focus on NCDs
- There was agreement that Government should rectify Ayushman Bharat rates not being affordable, ease of doing business, timely payments
- Stakeholders should make use of the PPP models developed by NITI Aayog for medical colleges in government hospitals
- Bills for National Medical Commission, National Commission for Allied and Healthcare Professions, Dental Commission, and the upcoming Nursing and Midwifery Commission, will be game changers
- For capacity and capability building, learnings taken from AIIMS expansion, done majorly in tier 2/3 cities
- Suggestions of education loan forgiveness, low interest loans to specialists, came up
- Tap into digital mediums for medical education. Examples: simulation, virtual, online theory teaching
- Innovation partnership between NATHEALTH & TiE Mumbai. Outcomes to be based on: accessing, sourcing, curating and identifying high potential & high growth start-ups for programs on innovation, knowledge sharing, and thought leadership



Where we are
TODAY



SIGNING OF MOU BETWEEN NATHEALTH & TIE MUMBAI

Experts

Ms. Preetha Reddy, President, NATHEALTH & Executive Vice Chairperson, Apollo Hospitals

Mr. Amit Mookim, Member, Governing Council, NATHEALTH & MD, IQVIA

Dr. Harsh Mahajan, Senior Vice President, NATHEALTH, Founder and Chief Radiologist, Mahajan Imaging

Mr. Naveen Raju, Executive Director, TiE Mumbai

NATHEALTH signed an MoU with TiE Mumbai at the Summit. The Indus Entrepreneurs (TiE), was founded in 1992 in Silicon Valley by a group of successful entrepreneurs, corporate executives, and senior professionals with roots in the Indus region.

The collaboration's focus areas are:

- Innovation partnership between NATHEALTH & TiE Mumbai
- Accessing, sourcing, curating and identifying high potential & high growth start-ups for programs on innovation
- Knowledge sharing
- Thought leadership

Experts reiterated how a strong partnership can give higher customer connects and help drive the goals. Acceleration of healthcare is going to be fastest ever in the world. About \$400 million was invested in healthcare, just in the last one year. The sector is at an inflection point, and innovations and support to start-ups forms a major part of this change. With healthcare leaders collaborating for common vision and goal, the collaboration will surely be fruitful for the sector.



Dr. Harsh Mahajan



Ms. Preetha Reddy



Mr. Amit Mookim



Mr. Naveen Raju

KEY RECOMMENDATIONS & TAKEAWAYS

A quick recap of the sessions

Session 1 - Catalyzing the Investment cycle in Healthcare post COVID

a. Nursing sector back to health

- Need to be innovative, far-reaching and quicker in finding solutions
- Need to return to stable operations post pandemic
- IQVIA survey shows that people still prefer brick and mortar based services in spite of COVID related restrictions; technology cannot replace brick and mortar
- Need to build for the future and fill the gaps
- Funding is not an issue, lack of opportunity for investments is a key issue. Need to create more investment opportunities in a systematic way

b. Using PPPs to increase investment in health sector

- PPPs are difficult to monitor as quality measurement and monitoring is very difficult due to information asymmetry
- PPPs have not taken off in a major way due to limitation of poor PPP design, which places major risks on private sector and a piecemeal approach and poor contract management
- Need to take into account the financial returns of the private sector while designing PPP projects. Investors must get adequate return on equity while balancing social needs
- Issues with complexity, lack of interest from private sector
- Recommendation: More professional and fair design of PPP projects with equal sharing of risks such as volume guarantees, VGF (both CAPEX and OPEX)
- More information provided to bidders is critical

Session 2: Financing of Healthcare

- An integrated health maintenance organization (HMO) type of model is a good model to progress towards
- Access to health data is restricted and adequate data is not available

Session 3: Digital Health and MedTech

- National Digital Health Mission: There is a lot of fragmentation and variation, NDHM is an attempt to standardize. Govt will facilitate, publish guidelines, create unique ID, rest of the development may be developed by private sector
- Telemedicine is a major area for collaboration
- Medical device industry needs to be backed by R&D to indigenize due to rapid development. Private companies may be supported by Innovation Promotion Council and other initiatives to promote innovation, especially for smaller firms
- Industry consultation and clear rules, regulatory requirements and policies is a must to promote investment in medical devices
- Need to develop ancillary ecosystem/complete component supply chain and raw material supply chain in India including chips, screens, common testing facilities
- Private sector needs incentives to promote R&D



KEY RECOMMENDATIONS & TAKEAWAYS

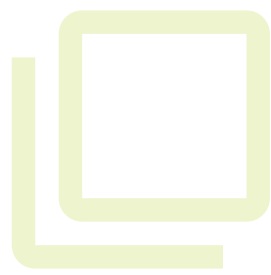
A quick recap of the sessions

Session 4: Infrastructure Expansion

- Mr. Anurag Thakur: Indigenization is critical
- Need to look up innovative mechanisms such as private finance initiative to leverage private finance capacity and expand public health infrastructure in India
- PPP models can be used by Government to develop more infrastructure faster. The Government may look at financing or facilitating development of infrastructure in tier 2/3 cities to facilitate private sector expansion, as private health sector may not have the capacity to invest in the creating greenfield infrastructure. Can infrastructure be developed as per standard plans? The private sector can operate these new hospitals
- Existing surplus public infra may be leveraged in larger cities to expand health sector
- Private sector can play a role in operationalizing the 602 critical care blocks envisaged
- Expansion needs to be focused on expanding public health sector and private health infrastructure

Session 5: Skilling and Education

- Mr. Rajesh Bhushan: National Commission for Allied Health workers, NMC and NNMC have been developed to standardize medical training and will provide impetus to private sector as well
- Private sector needs to be involved in skill-based training. Almost 90% of nursing institutes are in the private sector
- Dr. Devi Shetty: Double capacity in existing medical colleges and allow the existing medical colleges to access to existing public hospitals. Intermediate level specialist in broad specialists can be produces with shorter degrees
- Mr. NK Singh: Need to optimize symmetries between outlay and outcome in health sector. Health is still unreformed. Out of pocket expense is worrying and needs to be reduced to prevent rise in poverty. Critical areas of focus: diagnostic services, primary health convert into health and wellness sector. Health may be shifted into concurrent list
 1. Health development finance institute: Needed a health specific DFI in India with focus on tier 2/ tier 3
 2. Need to rationalize and streamline regulations and acts. Need to standardize healthcare codes at national and state level. Need to have a uniform health system, code
 3. Need to universalize health insurance
- Mr. RS Sharma: Poor and non-poor are suffering from medical care. Secondary and tertiary level IP capacity development is as important as primary care. Focus on enhancing quality of care under PMJAY. Most hospitals have few beds and concentrated in urban/metros. Tier2/3/rural areas need more private sector involvement.



NATHEALTH THANKS ALL ITS SPONSORS

Gold Sponsors



Silver Sponsors



Bronze Sponsors



Session Sponsors



ACKNOWLEDGEMENTS

NATHEALTH would like to thank and acknowledge its partners for various initiatives and collaborations

Partners include IFC, SAMRIDH Healthcare Blended Finance Facility, Duke Global Health Innovation Center, TiE Mumbai, and IQVIA