Azadi Ka Amrit Mahotsav

FICCI

HEALTH WRAP

March - April 2022

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Key Sectoral Highlights

Government and Policy

NHA launches Unified Health Interface to make digital health services interoperable

NHA said any technology provider currently developing digital health solutions for hospitals, doctors, labs or consumers can create new solutions using DHP and become a part of UHI networks.

New health law draft: four-tier system, clearly defined powers

From establishing a four-tier health administration system with “well defined” powers to setting up a public health cadre and even defining a lockdown — officials from the Union Ministry of Health and Family Welfare and other Government departments have started the process of finalising various provisions of the draft Bill for a new national public health law

India to introduce AYUSH Mark for traditional medicine products, AYUSH visa: PM Modi

India will soon introduce the AYUSH mark, which will give authenticity to quality AYUSH products of the country. The mark will be given to products vetted using the latest technology. The special "AYUSH visa" will help those who wish to seek traditional treatments in India

Regulatory framework for elderly healthcare in works

The government is drawing up a regulatory framework for providing healthcare to the elderly in the country. It plans to outline standards and operational guidelines for service providers as the country braces to provide care to its ageing population, which is expected to double over the next 30 years.

Of 1.17 lakh health and wellness centres, 1L to have teleconsultation services from Apr 16

The Union health ministry organised week-long celebrations under "Azadi Ka Amrit Mahotsav" from April 16 to April 22 to mark the fourth anniversary of the Ayushman Bharat-Health and Wellness Centres (AB-HWCs).

Key Sectoral Highlights

COVID-19

Biological E to get mRNA technology from WHO to make COVID-19 Vaccines

WHO along with its partners will work with the Indian government and BE to develop a roadmap and put in place the necessary training and support for BE to start producing mRNA vaccines as soon as possible.

DCGI grants emergency use authorisation to Corbevax for those aged 5-12, Covaxin for 6-12 age group, ZycovD for above 12 year olds

With this parents can heave a sigh of relief as schools have already reopened and currently. Reports of students contracting the infection and the rising cases of COVID in the country, especially in bigger cities, has been a reason to worry.

NTAGI panel recommends inclusion of Covovax in vaccination drive for 12-17 age group

The COVID-19 working group of the NTAGI (National Technical Advisory Group on Immunisation) had earlier reviewed data related to Covovax and okayed it. The NTAGI's Standing Technical Sub-Committee which met on April 29th has recommended that the vaccine can be used for 12-17 years age group

Few recombinant variants in India': INSACOG

Incidences of suspected recombinants and the possible public health relevance are being closely monitored. So far, none showed either increased transmission (locally or otherwise) or associated with severe disease or hospitalization.

NTAGI proposes reduction in duration of second dose of Covishield vaccine to 8-16 weeks

At present, the second dose of Covishield is given between 12-16 weeks of the first dose. This has been done in the face of Omicron spread in other countries and to make sure that people who have not taken the second dose can take it quickly.

Amid calls for shorter booster gap, experts seek more research, data

"There is no evidence to argue for or against nine months," said epidemiologist Dr Chandrakant Lahariya. "In India, there is no evidence on the ideal gap, so any interval would be equally wrong or right."

Industry Article

THE METAVERSE IN HEALTHCARE

Prof K. Ganapathy
Past President, Telemedicine Society of India & Neurological Society of India
Hon Distinguished Professor The Tamilnadu Dr MGR Medical Universty
Emeritus Professor National Academy of Medical Sciences

The Greek word **Meta (μετα)** implies ***" with, among, after, beyond "*** in other words transcending reality, as in the term metaphysics. When Zuckerberg rechristened Facebook (the world's most populated 'country') into META he obviously knew what he was doing – getting future ready. $10 billion has been diverted into the Metaverse division alone. Fortune Business Insights Reports that of the $ 4.1 trillion healthcare system globally, digital health will be $9.13 billion by 2027 with a CAGR of 13.4% . Metaverse is an Augmented Reality /Virtual Reality interface where users are immersed in visual, auditory and haptic sensors ,to meet other users within a virtually-augmented world. There is a tremendous untapped potential in Healthcare to use AR, VR, Augmented and Extended VR, Internet of Medical Things (IoMT), Web 3.0, I Cloud, EDGE, Quantum and Spatial Computing, Robotics and Artificial Intelligence. Augmentation with Web 3 standards like Blockchain facilitate ownership, online payments and traceability. Virtual activities provide real experiences and results in the real world. The Metaverse will changes relationship between people and technology. Users will experience themselves within or alongside virtual content, rather than just interacting with digital products and solutions.

Uses of Metaverse in Healthcare

It is likely that my great grand children will have a Digital twin in the virtual world . Every single bit of health data from *in utero* to even cryofreezing of organs after clinical death will be stored in the cloud for all time to come. Wearable devices will converge terrabytes of individual info. A doctor visible in 3D will interact with our AVATHAR. "Examine a patient" will shift to "examine the data." For less complex disorders, the doctor will be an algorithm knowing millions of patients *better* than any actual doctor working in a small local community.

Clinical applications

Quality of Life for Dementia patients will be improved using VR headsets to "visit" virtual environments enabling retrieval of old memories, providing positive mental stimulation. Projecting 3D veins on to the skin will enable easier drawing of blood for a robot. WHO is using smartphones and simulated situations to train Covid-19 responders. Psychiatrists use VR to treat Post Traumatic Stress among combat soldiers. Medical colleges use AR / VR for trainees to get a 360-degree view of ailments and replication of real-life procedures including surgery. Philips and Siemens have developed digital twins of the human heart to simulate cardiac catheter interventions.

Many of us are afraid of the future and cling desperately to the present not realizing that we have already become the past. It is time to be future ready. After all the future is always ahead of schedule !

The author in a virtual mode

THE FUTURE OF INDIA'S HEALTHCARE DEPENDS ON BUILDING HUMAN CAPITAL

- It was around this time last year that the government of India allowed final-year MBBS students, as well as BSc and General Nursing and Midwifery (GNM)-qualified nurses, to be deployed for emergency duties. While this was in response to an unprecedented situation and a measure to provide much-needed support for doctors and nurses battling a raging pandemic, it also served as a poignant reminder of the larger human capital crisis in Indian healthcare.
- This also comes at a time when we are beginning to catch up with the rest of the world on vital public health indicators. According to estimates, to reach the ideal standards prescribed by the world health organization, India needs an additional 3 million beds. And nearly 4 million healthcare professionals (HCPS)– over 1.5 million doctors and 2.4 million nurses.
- Looking at it in balance– there is a definite demand for healthcare and allied services and there seems to be some traction on the demand side too with public initiatives like the Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and going by the upward trend in private investment in India's hospital and diagnostics segments. However, while everyone acknowledges the human capital crisis, the action needs to be stepped up.

Mr Pavan Mocherla, Managing Director- India/South Asia, Becton Dickinson India P Ltd.

Outlined below are some suggestions to aid in **alleviating the human capital crisis**:

- **Encouraging PPP in upskilling and training allied staff-** Public-private partnerships (PPPs) are an effective way to scale up the supply of trained personnel. However, given the regulatory intricacies and patient safety concerns, ensuring the quality of training is imperative in the medical sector. That is where we can bring together the various skilling initiatives and networks offered by the government and the expertise of private sector companies to offer specialized skills. For instance, private hospitals and KPO companies can offer training to non-medical staff to handle incoming calls and perform backend or administrative tasks, instead of qualified HCPs.

- **Focusing on telehealth and digital health skills-** Telehealth has been around for some time, but it came to the fore during the Covid-19 lockdown and has the potential to be a force multiplier. Focusing on basic level upskilling for HCPs to deliver basic telehealth services allows medical and paramedical staff to do more with their time. And as is often the case, particularly in rural India, it can reduce the stress of long-distance travel for cases that can be consulted remotely.
- **Building a foundation for medical technology-** Another aspect of the human resource crunch in India is the dearth of trained personnel to operate modern medical equipment and technologies. From a medical perspective, diagnostics help reduce the long-term burden of diseases through timely and accurate detection of diseases. However, in addition to updating current medical knowledge, the healthcare workforce of the future will also require technology skills, or even non-medical technologists to perform vital tasks.
- **Upgrading curricula in medical education-** Staying current on medical developments in the field is paramount to serve the best interests of the patients, and to build a world-class healthcare system for the future. One way to address this is by upgrading curricula in healthcare education and by enabling students to access the latest medical practices from across the world.
- **Augmenting healthcare education capacity-** Given the staggering shortfall in both doctors and nurses, we need to dramatically increase, perhaps even double, the capacity of students we can train every year. Besides augmenting the number of qualified HCPs available for service, it will also put market pressure on the supply side. One of the potential outcomes of doing this could be in the form of doctors establishing small practice in rural and underserved pockets across the country.
- **Ensuring ongoing quality of HCPs-** In the patient-facing healthcare industry, the quality of care provided is as much a part of the human capital equation as an individual HCP's medical knowledge. One way to ensure ongoing quality of HCPs is through a well-designed and regulated mechanism which captures the outcomes of all patient interactions with an HCP. Translating the aggregated feedback of all interactions into a publicly available profile and rating for every HCP would act as an incentive and motivator to keep the standards of service high.

The PM-JAY initiative has come as a welcome measure to improve access to public health in India. And the promise to deliver quality public healthcare at a scale will only further increase the unmet demand for trained health personnel. To truly enable access to and envisage the future of healthcare for the billion-plus Indians, we need a futuristic and collaborative approach toward building human capital in healthcare.

Industry Article

DISRUPTION IN NURSING - NEED OF THE HOUR

INDIA NEEDS 4.3 MILLION MORE NURSES BY 2024 TO MEET WHO NORMS, UNDERLINING THE IMPORTANCE OF STEPPING UP INVESTMENTS AND PROMOTING INCLUSIVENESS IN DECISION-MAKING TO ADDRESS SHORTAGES IN THE SECTOR. THE INTERNATIONAL NURSE DAY THEME THIS YEAR IS "**NURSES: A VOICE TO LEAD - INVEST IN NURSING AND RESPECT RIGHTS TO SECURE GLOBAL HEALTH**."

Here are some facts from World Health Organization.

- Approximately 27 million men and women make up the global nursing and midwifery workforce. This accounts for nearly 50% of the global health workforce.
- There is a global shortage of health workers, in particular nurses and midwives, who represent more than 50% of the current shortage of health workers.
- The largest needs-based shortages of nurses and midwives are in South East Asia and Africa.
- For all countries to reach Sustainable Development Goal 3 on health and well-being, WHO estimates that the world will need an additional 9 million nurses and midwives by the year 2030.
- Nurses play a critical role in health promotion, disease prevention, and delivering primary and community care. They provide care in emergency settings and will be key to the achievement of universal health coverage.
- Achieving health for all will depend on there being sufficient numbers of well-trained and educated, regulated, and well-supported nurses and midwives, who receive pay and recognition commensurate with the services and quality of care that they provide.
- Investing in nurses and midwives is good value for money. The report of the UN High-Level Commission on Health Employment and Economic Growth concluded that investments in education and job creation in the health and social sectors result in a triple return of improved health outcomes, global health security, and inclusive economic growth.

Ms Thankam Gomez

Founder CEO, Cygnia Healthcare

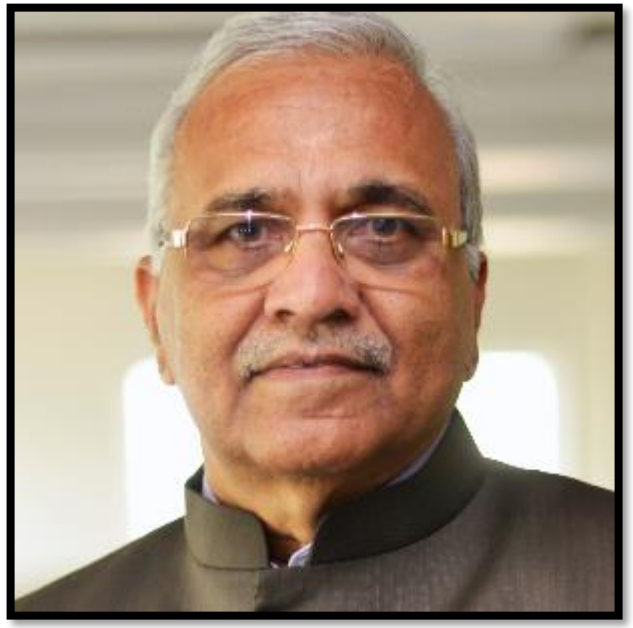
(*https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery*)

What can be done under these trying circumstances?

Make nursing an attractive profession	Create more public awareness of the opportunities this profession can bring in
	Showcase this profession in the same forum as other professional degree courses
	Involve experienced nurse leaders in forums where solutions are being discussed for this crisis that is staring at us
	Make the salary of nurses at par with their professional preparation and role in healthcare delivery
	Make nursing an independent profession with its directorate in each state, managed by nurses.
Facilitate nurses to perform at the peak of their professional capabilities	Make specialization easy to attain while working
	Make placement of such specialized nurses in their area of expertise with extra financial benefits
	Create a cadre under nursing to assist with basic patient care, facilitating nurses to perform higher-level work, adding to safe care and better clinical outcomes
	Make Competency Assessment hospital-based during the internship
	Incentivize hospitals for facilitating nurse interns and their assessment

(***These are individual thoughts from the author, who has spent over 40 years in nursing and envisions the dark future of nurses and healthcare)***

Implementing Universal Health Coverage



Dr Girdhar J. Gyani
Director General, Association of Healthcare Providers (India)

Any democracy needs to have two basic objectives; one to have Right to Education and second, Universal Health Coverage. These two aspects are basic building blocks necessary for advancement of any nation and its population. India has in the recent past made significant inroads in these two aspects but still have long way to go.

Universal Health Coverage (UHC) does not mean free health cover as perceived by many of us, but it simply means to provide health care to population at cost, which it can afford. Accordingly, the implementation of UHC is measured by 4-As; Availability, Accessibility, Affordability and Acceptability (Quality). India currently has 1.5 beds as against norm of 3.5 beds per 1000 population. We have 0.75 doctors against norm of 1.0 doctor per 1000 population. We have now 550 medical colleges with 85000 MBBS seats but only 41000 PG seats, which has resulted in huge shortage of specialists.

In terms of accessibility, situation is even worst, with most tertiary care hospitals available only in Tier-I/II cities. Affordability has taken quantum jump with introduction of PMJAY except that we need to work on its restructuring to enable it benefit reaching out to underprivileged population residing in Tier-III and rural regions. It can be seen that Availability, accessibility and Affordability are interlinked.

Acceptability comes by way of ensuring that care is built around quality & patient safety. Entry of NABH accreditation in 2005-06 has made enormous impact on this account but here again lots of work needs to be pursued more so in smaller nursing homes which are around 40,000 having bed size of 30 and below and these are considered as vital elements as next-door care providers.

Healthcare workforce is most vital component in overall echo system. While we focus on making sure about credentialling/ privileging of doctors and nursing staff, sadly very little has been done for allied healthcare workforce. Only recently the National Commission for Allied & Healthcare Professional Bill has been adopted by Parliament in March 2021. Its operationalizing is going to take some time. It is to be realized that Allied Healthcare Workforce is equally responsible for patient safety, we need to expedite work on it on war footing. In fact, India has potential to supply allied healthcare workforce to entire globe, which has huge potential even for generating employment.

The Role of Crisis Communication in Future Pandemics

Authors

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The COVID-19 pandemic has caused hundreds of thousands of deaths and has been responsible for a global economic downturn. Not all countries, however, have been affected equally, with the initial response in some countries relatively successful in suppressing transmission of the SARSCoV-2 virus. The COVID-19 pandemic has created a long-lasting crisis across the world, putting break-point pressure on not just public health systems, but also health communications. With social media being the primary medium for information consumption, clear, evidence based scientific crisis communication is not only needed now but for all future pandemic response.

The efficacy of any crisis communication strategy, especially during public health disasters, depend equally on the accuracy of information disseminated and its inclusivity. As the term 'communication' is expressive in itself, the interpretation and receptivity towards the messaging varies for different groups.

The term "crisis communication" is generally used in two ways. It describes the communication activities of an organization or agency facing a crisis. They need to communicate about that crisis to their organization, various partners, and the public. Typically, a crisis:

- ✓ Occurs unexpectedly
- ✓ May not be in the organization's control
- ✓ Requires an immediate response
- ✓ May cause harm to the organization's reputation, image, or viability

The public wants to know what the responders know during a public health crisis. They view every move and watch every passing emotion of those responding during a disaster, crisis, or emergency. In a crisis, every word counts. The job of public health and emergency communicators is to offer the information the public needs and counter some of the harmful behaviours that are common during an emergency, so they can effectively support the public, frontline workers, and the organizations that are offering help. Six principles of effective crisis and risk communication are as follows-

1. **Be First**: Crises are time sensitive. Communicating information quickly is almost always important. For members of the public, the first source of information often becomes the preferred source.
2. **Be Right**: Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
3. **Be Credible**: Honesty and truthfulness should not be compromised during crises.
4. **Express Empathy**: Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
5. **Promote Action**: Giving people meaningful things to do calms anxiety, helps restore order, and promotes a restored sense of control.
6. **Show Respect**: Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

The Communication Lifecycle

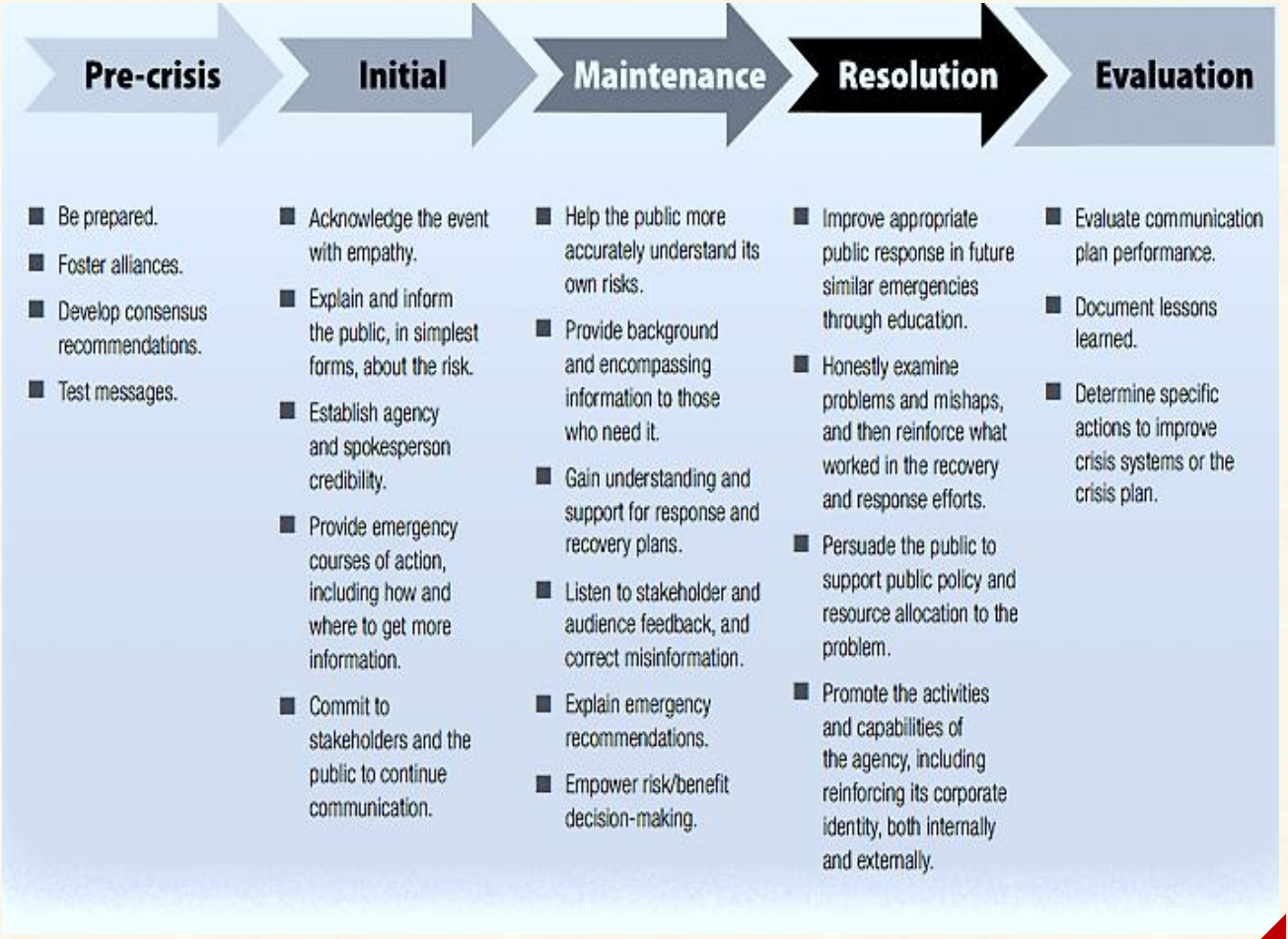
Understanding the pattern of a crisis can help communicators anticipate problems and appropriately respond. For communicators, it's vital to know that every emergency, disaster, or crisis evolves in phases. The communication, too, must evolve through these changes. By dividing the crisis into the phases illustrated below, the communicator can anticipate the information needs of the media, agencies, organizations, and the general public. For each of these phases, specific types of information need to be created and delivered to target groups.

Public trust is a critical resource in harnessing public cooperation and sustaining the behaviours needed for pandemic management. There are ten recommendations for the development and delivery of public health crisis communications and all ten recommendations reflect the importance of transparency and civic engagement in establishing trust, which is critical to effective communication.

Recommendation 1 – Engage in clear communication. Especially during times of crisis, it is essential to provide specific information on what to do and what to avoid, which can reduce anxiety and maintain order. For example, messaging might focus on concrete actions (e.g., 'keep 1.5m (Do Gaaj ki Doori) apart at all times'; 'ban all gatherings of more than five people') and specific periods (e.g., 'from Sunday, gatherings of ten people will be allowed'). People consider messages relevant when they both affect their lives and require relatively little processing effort.

Recommendation 2 – Strive for maximum credibility. Credibility is essential to effective, persuasive communication. Strategies for achieving maximum credibility during a pandemic response include leveraging trusted, authoritative intermediaries such as medical and public-health experts to communicate key messages. Public trust in experts is not automatic and cannot be taken for granted. In a rapidly shifting landscape characterised by a pluralisation of expertise and reduced personalisation, health organisations and professionals need to find new ways to build and maintain trust.

Crisis and Emergency Risk Communication (CERC) Lifecycle



Recommendation 3 – Communicate with empathy. When communicating, leaders should listen to the community's needs and concerns and express genuine empathy and concern. They should not fear expressing empathy or showing emotion. Expression of compassion enhances credibility and leads to more effective communication. The more citizens sense that politicians empathize with them and are concerned for their wellbeing, the more likely will they respond favourably to the advice given.

Recommendation 4 – Communicate with openness, frankness, and honesty. People are more likely to follow advice if they understand the rationale behind it. Therefore, it is vital to explain why particular actions are essential, helpful, or problematic (e.g., 'we must observe physical distancing to protect vulnerable populations from exposure') and the basis on which decisions are being made. 'Sugar-coating' should be avoided: Access to accurate information, both positive and negative, helps people build proper expectations.

Recommendation 5 – Recognise that uncertainty is inevitable. Since people generally dislike ambiguity, it is essential to provide certainty where possible, help people prepare for the immediate and longer-term future both pragmatically and mentally, and reduce the anxiety resulting from uncertainty. However, by their very nature, health emergencies contain uncertainty. Therefore, it is equally important not to foster illusions of certainty, which could lead to the erosion of trust — an essential resource.

Recommendation 6 – Account for levels of health literacy and numeracy. An essential task during a pandemic is to communicate in a manner that considers variations in health literacy and numeracy across audiences. Health literacy refers to how people understand health and health care and how they can apply that information within their daily lives to make more informed decisions (Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare). On a basic level, people's capacity to perform behaviours to minimize infection risk effectively rests on a basic understanding of microorganisms and their transmission.

Recommendation 7 – Empower people to act. Guiding how to act is only one part of the equation—people also need to be able to act as requested. Thus, in general, communication needs to be accompanied by appropriate measures to facilitate behaviour change and action. Communicators and policymakers, therefore, need to consider both practical and psychological barriers to desired behaviours, and people need to have the capability, opportunity, and motivation to engage in recommended actions. Reviews of health interventions aimed at preventing infectious diseases find that strategies to enhance access to the resources needed to act are, therefore, also essential. For example, recognizing that a person is more likely to comply with quarantine if they have the economic resources to sustain a period without work is critical to both policy intervention and communication.

Recommendation 8 – Appeal to social norms. Psychology research has long demonstrated the effectiveness of social norming. Promoting desirable social norms, using both descriptive norms (everyone is doing it) and injunctive norms (it is the right thing to do), can promote desirable behaviours. People are intrinsically motivated to look after their in-group; optimal communication, therefore, involves fostering solidarity and aligning messages with the social norm to take responsibility for people close to you and fellow citizens and avoid becoming a disease vector. However, social science research also reminds us that appealing to social norms can have oppressive effects by alienating and othering specific people. Social norming can foster a greater sense of marginalisation among some communities and perpetuate negative attitudes towards marginalised groups. Creating a sense of responsibility towards others by appealing to shared norms without alienating those who may not identify with such norms may be a tricky balance and further highlights the need for meaningful engagement with communities to develop targeted 'social norming' strategies.

Recommendation 9 – Consider diverse community needs. It is vital to recognise that communities may not be affected by a pandemic, by communications, or by interventions—in the same way and to the same degree. For example, people with disabilities have specific and varied needs and can offer valuable insights that should be considered when planning communications. This includes making information accessible in various ways and applying risk management strategies that ensure people with disabilities can access preventive measures. Identifying and engaging with key groups may avoid missed opportunities before a rapid-spreading event.

Recommendation 10 – Be proactive in combating misinformation. The pandemic has also seen a surge in misinformation and conspiracy theories, which have been accepted by a significant minority of Australians and call for a proactive approach. Transparently providing factual and current information prevents subsequent susceptibility to emerging misinformation and conspiracy theories. As soon as a particular piece of misinformation (e.g., 'if you wear a mask it is safe to enter crowded environments') gains a certain amount of traction, it is advisable to inoculate the broader populace by scrutinizing the misinformation, pointing out the particular logical fallacy and the motivation behind its spread. In the mask example, the fallacy would be jumping to an unwarranted conclusion, namely that a mask effectively filters the virus, and the motivation may be an overemphasis on stimulating economic activity rather than a safe exit strategy.

Some of the groups that should be considered explicitly in community engagement initiatives include:

- ✓ Young children (up to 12 years old) and their families.
- ✓ Secondary school children
- ✓ Young adults (aged 18 – 30 years old)
- ✓ Older adults (70+ years old) and those living in residential care communities
- ✓ Indigenous people
- ✓ Gender diverse communities
- ✓ People co - affected by natural disasters (e.g., earthquakes, floods, cyclone)
- ✓ People with life-threatening conditions (e.g., immunocompromised patients)
- ✓ Hearing-impaired community
- ✓ Vision-impaired community

Responding to pandemics is as much about communications studies, social psychology, and policy studies, as it is about epidemiology and virology. Effective public health communications in the era of COVID-19, therefore, require a genuinely cross-disciplinary perspective grounded in evidence and reflects the values of democratic societies.

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Inaugural Session

Dr Mansukh Mandaviya, Minister for Chemicals & Fertilizers, & Health and Family Welfare, Government of India
Mr Bhagwant Khuba, Minister of State for Chemicals and Fertilizers & New and Renewable Energy, Government of India
Mr VK Paul, Member, NITI Aayog, Government of India
Ms S Aparna, Secretary, Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India
Mr Vishwaprasad Alva, Chair, FICCI Medical Device Committee and MD, Skanray Technologies
Mr Gagandeep Singh, Chair, FICCI Pharma Committee and MD, AstraZeneca
Dr Habil Khorakiwala, Past President, FICCI and Founder Chairman & Group CEO, Wockhardt Ltd
Mr Deepak Bagla, MD & CEO, Invest India
Mr Arun Chawla, Director General, FICCI

'7th edition of India Pharma & Indian Medical Device 2022' was organized by the **Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, GoI** and **FICCI** on 25-27 April 2022 in New Delhi. **Dr Mansukh Mandaviya,** Minister for Chemicals & Fertilizers, & Health and Family Welfare, GoI addressed the Conference and said that we are witnessing the rise of a New India and all stakeholders have to ensure that the Pharma sector also becomes part of this growth. He also said, "the government is working on a roadmap of healthcare ecosystem '**Heal by India**' and '**Heal in India**'. This would include providing manpower for treatment to the world along with promoting affordable healthcare in India".
Dr Mandaviya further stressed on the need for R&D and innovation in the health sector. He also mentioned that the way India managed COVID-19 is a global case study. Complementing the Indian industry in the overall COVID management, he said that conferences like India Pharma and India Medical Device provide a platform for industry, academia and policy makers to brainstorm and draft a plan for the next 25 years for the sector.

"Quality medicines and medical devices, accessibility and affordability in the Pharma & Medical devices are possible when we focus on R&D and innovations" **Mr Bhagwant Khuba**, Minister of State of Chemicals & Fertilizers, and New and Renewable Energy, GoI

"We need to think how to create the translational research and development pipeline in order to benefit the patients. I would support the creation of a huge research fund." **Dr VK Paul**, Member, NITI Aayog, GoI

"India's healthcare industry is growing at an annual rate of around 22% since 2016. There's immense potential in this sector to be India's biggest job creator. We are also committed to make India a global epicenter for Pharma and Medical devices sector", **Mr Amitabh Kant**, CEO, NITI Aayog, GoI

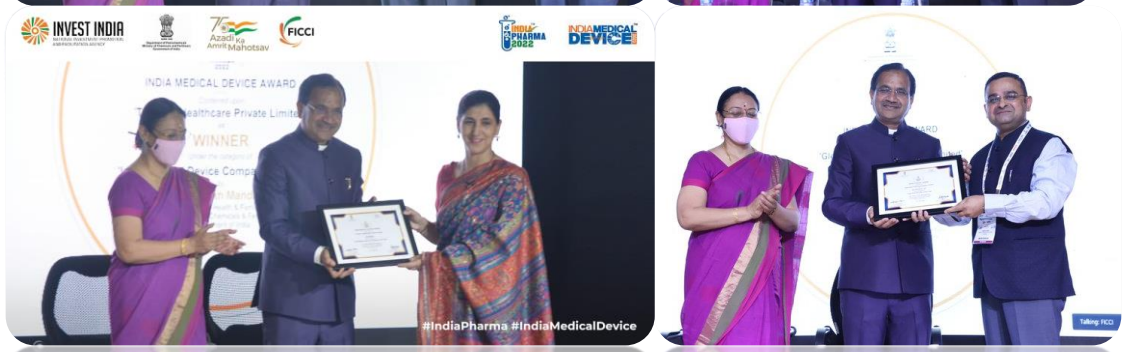
"As India prepares for its Amrit Kaal, it is a moment in time to redesign our aspirations in the pharmaceuticals and medical device sectors; and enhance the industry- academia linkages to the greater extent", **Ms S Aparna**, Secretary, DoP, Ministry of Chemicals and Fertilizers, GoI

INDIA PHARMA 2022 | INDIA MEDICAL DEVICE 2022

"What we learned from covid is that as a nation, as scientists, doctors & citizens, we have gained confidence. This is a major thing & it cannot be purchased **Dr Balram Bhargava**, DG, ICMR, GoI

The entire paradigm of health has started shifting from health to wellness & well-being. Health is not limited to what happens in a hospital or between a patient & pharmacy; health is much more than that.", **Mr Rajesh Bhushan**, Secretary, Ministry of Health & Family Welfare, GoI

Pharma & Medical Device Awards 2022



Pharma and Medical Device CEO Roundtables with Hon'ble Union Minister Dr Mansukh Mandaviya

Sessions with International Drug Regulators and State government officials with industry

Watch the 3 day event:

https://www.youtube.com/watch?v=MaEPVZ4xcZc
https://www.youtube.com/watch?v=y638A6NjB3k
https://www.youtube.com/watch?v=_aRty3T_7uc

Reports Published

The paper discusses creation of an integrated ecosystem that focusses on accelerating research & innovation, strengthening manufacturing & supply chains as well as improving access to medicines.

https://social.kpmg/rxke2x

The CEO's speak booklet is an effort to bring the voices of the industry to the forefront and re-focus our efforts on creating appropriate environment as well as building patient-centricity in our system.

https://ficci.in/publication.asp?spid=23596

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Azadi Ka Amrit Mahotsav

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- QUALITY IN HEALTHCARE
- PRIMARY HEALTHCARE
- CANCER CARE INFRASTRUCTURE
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- HEALTHCARE ECONOMICS
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FICCI

14th HEALTHCARE EXCELLENCE AWARDS 2022

11th OCTOBER

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AWARD CATEGORIES

EXCELLENCE IN

- Service
- Home Healthcare
- Social Initiatives
- Patient Safety
- Capacity Building
- Digital Innovation in Healthcare

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APPLICATIONS OPENING

9th MAY 2022

Special Award categories

- Lifetime Achievement in Healthcare Industry
- Healthcare Personality
- Healthcare Humanitarian

For General Award categories

Gold

Silver

For more details, visit:
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About FICCI Health Services

FICCI Health Services Committee constituted in 2006, has been pivotal in facilitating interaction among stakeholders to jointly work towards creating the building blocks for achieving quality healthcare through initiatives like:

- Standard Treatment Guidelines (STGs) for tertiary, secondary and primary care
- National Costing Guidelines
- Categorization of healthcare providers
- National Electronic Health Records
- Innovations in Healthcare
- Tackling Non-communicable diseases
- Bridging the skill gaps and augmenting healthcare workforce
- Recommendations on recent programs and policies include **National Health Policy 2017, Ayushman Bharat- PMJAY and H&WCs, National Medical Commission, Personal Data Protection Bill, Augmenting Healthcare Infrastructure, Strengthening Healthcare Workforce, Ayushman Bharat Digital Mission etc.**

For COVID-19, FICCI has been actively engaged with various Ministries, NITI Aayog, WHO as well as the Empowered Groups under the Disaster Management Act 2005 at multiple levels through:

- ✓ **Policy intervention-** through **Advocacy, Representations and Reports**
- ✓ **Strategic support-** government-industry tie-ups; surveys for identifying resources, facilitating logistics, supplies & mobility
- ✓ **Information, education and communication**
- ✓ Collaborate with Industry and State Governments for **Crisis Management** as well as COVID Vaccination
- ✓ Support to FICCI members for **Vaccination of their Employees**

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