



**FICCI**  
**HEALTH**  
**WRAP**

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## Contents

- **Key Sectoral Highlights**
- **Industry Articles**
  - Noise Induced Hearing Loss: Need For Urgent Attention – Dr Suneela Garg**
  - Creating future ready, trained, tech savvy medical scientists: Need of the hour – Prof K Ganapathy**
  - India's Senior Care Ecosystem Needs A Complete Overhaul – Dr Gaurav Thukral**
  - Indigenous healthcare- from Ethno-medicine to enterprises – Dr P M Varier**
- **Seminar on “Transforming Primary Healthcare in India through AB-HWCs” – Register now!**
- **FICCI HEAL 2022- Annual Healthcare Conference**
- **FICCI Healthcare Excellence Awards 2022**

# Key Sectoral Highlights

## Government and Policy

### [NHA launches revamped Ayushman Bharat Health Account mobile app](#)

The National Health Authority (NHA) under its flagship Ayushman Bharat Digital Mission scheme has launched a revamped Ayushman Bharat Health Account mobile application- Ayushman Bharat Health Account (ABHA) App.

### [Top 300 drug brands to have QR codes on label for ensuring authenticity](#)

The Union government has introduced quick response (QR) codes to ensure authenticity and traceability of 300 common drug brands, including analgesics, vitamins, diabetic, and hypertension medicines, among others

### [ICMR releases guidance document for use of drones in healthcare](#)

Drones have enormous potential in healthcare because they can provide last-mile logistical solutions for transferring medicinal supplies in challenging terrain.

### [Amid rise in COVID cases, ICMR issues guidelines for management of type 1 diabetes](#)

Indian Council for Medical Research (ICMR) issued guidelines for the management of type 1 Diabetes. The guidelines are released by Prof. (Dr) Balram Bhargava, Secretary-DHR and DG-ICMR.

### [IRDAI eases approval norms for health, general insurance products](#)

In a bid to improve ease of doing business, regulator IRDAI has allowed insurers to offer health and most of the general insurance products to customers without its prior approval.

### [Now 5% GST On Hospital Rooms Above Rs 5000 Per Day, NO Input Credit Claim For Hospitals](#)

Room rent (excluding ICU) exceeding Rs 5000 per day per patient charged by a hospital shall be taxed to the extent of the amount charged for the room at 5% without ITC. As a result, GST rates would now go up for many goods and services with effect from July 18, 2022.

# Key Sectoral Highlights

## [AB-HWC assessment report for 18 states released](#)

The assessment of AB-HWCs in 18 states has been done in two phases by non-governmental entities, GRAAM and JHPIEGO as well as AIIMS, New Delhi from the government sector for the year 2020-21.

## [Govt to cover COVID-19 hospitalisation and distress financing in NFHS-6 during 2023-24](#)

Dr Mansukh Mandaviya has released the National Report of the fifth round of National Family Health Survey (NFHS-5), which indicate that India has made significant progress in population control measures in recent times.

## COVID-19

### [Allowing Corbevax as booster for those vaccinated with Covishield, Covaxin likely to be considered by NTAGI](#)

The Drugs Controller General of India (DCGI) on June 4 approved Corbevax as a precaution dose for those aged 18 and above. India's first indigenously-developed RBD protein subunit vaccine, Corbevax, is currently being used to inoculate children in the age group of 12 to 14 years.

### [CDC advisers recommend Covid 19 shots for children under 5](#)

The government has been gearing up for the start of the shots, with millions of doses ordered for distribution to doctors, hospitals and community health clinics around the country. Roughly 18 million kids will be eligible, but it remains to be seen how many will ultimately get the vaccines. Less than a third of children ages 5 to 11 have done so since vaccination opened up to them last November.

### [DCGI approves indigenous mRNA Covid jab for emergency use in 18 yrs & above](#)

About 70 lakh doses of the vaccine have already been cleared by the government's nodal Central Drug Laboratory (CDL) at Kasauli and it is expected to be available from next month

### [Covaxin safe, well-tolerated in 2-18 years age-group: Bharat Biotech](#)

Bharat Biotech International Limited (BBIL) announced that its COVID-19 vaccine Covaxin has proven to be safe, well-tolerated and highly immunogenic in paediatric subjects in phase II/III study.

# Key Sectoral Highlights

## [Covid cover: Insurers sound caution as claims rise](#)

After a lull, there is once again an increase in claims related to Covid in the wake of increasing cases, according to insurers. Major general insurers and standalone health cover providers have been witnessing an increase in the number of claims.

## [FDA flags heart issues after taking Novavax vaccine](#)

US Food and Drug Administration staff said they were concerned about a possible risk of heart inflammation from Novavax Inc's vaccine, even as the company's data showed the vaccine was effective in reducing the risk of mild-to-severe Covid-19.

## Others

### [Teleconsultation is the future of India's health system: Union Health Minister Mansukh Mandaviya](#)

The Minister emphasized that "health is not commerce but a seva for us. We are committed to promoting medical tourism and 'Heal by India' and 'Heal in India' are the two vital pillars of our health ecosystem in the years to come which will position India as a global health leader."

### [WHO outlines five preventive measures to stop human-to-human monkeypox transmission](#)

The World Health Organisation in its latest readout expressed grave concern over rising cases of monkeypox. With over 780 monkeypox cases being detected in 27 countries, the world health body has decided to take action on priority so that the spread of the virus can be stopped.

### ['Made in India' skin test for tuberculosis to be introduced soon](#)

A newly approved skin test for tuberculosis diagnosis will soon be introduced in the country according to Union Health Minister Dr Mansukh Mandaviya. He said that cost-effective kit made in India will be of immense benefit to other high burden countries as well.



## CREATING FUTURE READY, TRAINED, TECH SAVVY MEDICAL SCIENTISTS: NEED OF THE HOUR

In 1998 while giving an Institute lecture @ IIT Kanpur the author had bemoaned that science, engineering and technology institutions were far away from medical colleges, physically, intellectually and emotionally. A plea was made that technology and healthcare are two sides of the same coin and need to co exist in the same campus. Interestingly in 2000, the author, a neurosurgeon was appointed as an Adjunct Professor at the Anna University (renowned university of engineering and technology) and a few years later at IIT Madras as well. Today it is a matter of justifiable pride that soon IIT Kharagpur and IIT Kanpur will have medical colleges on their campus. Indian Institute of Science has formally announced that 7 year - MD PhD programmes will commence from a newly built multi speciality hospital in their campus from 2025. All candidates will be trained simultaneously in the hospital as well as in science and engineering laboratories at IISc. Seamless coupling between basic sciences, clinical sciences, engineering and technology will enable a true multi cross-disciplinary training within a vibrant science university campus.



**Prof K. Ganapathy**

Director Apollo Telemedicine Networking Foundation &, Apollo Tele Health Services

Past President, Telemedicine Society of India & Neurological Society of India

Hon Distinguished Professor, The Tamilnadu Dr MGR Medical University

Emeritus Professor, National Academy of Medical Sciences

India has a few hundred clinicians who have a Ph.D. There are also thousands of pure scientists working on health care needs with direct clinical applications. However the time has come where we need to train and make available, hundreds of **pure medical scientists** who have formally been exposed to clinical problems and have spent time on the wards and in the operation theatres understanding at first hand clinical problems. Simultaneously they need to be exposed to and trained in basics of science, engineering and technology. A combined 7/8 year postgraduate programme where the candidate works for a PhD while getting a post graduate degree in medical or surgical disciplines could be the answer. Nothing can stop an idea whose time has come. From the “bench to the bedside” should be replaced with “from the bedside to the bench”. One should not develop a solution and then go in search of the problem. Enthusiastic, smart entrepreneurs with fire in their belly, working 24/7 so that their start ups will become unicorns apply for funding. These young PhD’s do not know the real world in which the patient lives nor do they know enough of the disease , which symptom bothers the patient more etc. Similarly a brain surgeon is not familiar with detailed molecular biology of brain tumours. To get the right motivated candidates and to make working conditions attractive, is critical, if this new cadre of MD PhD’s are to fulfil the purpose for which they will be trained.

## NOISE INDUCED HEARING LOSS: NEED FOR URGENT ATTENTION

Noise induced hearing loss is emerging as a severe public health problem. According to world hearing report WHO 1.5 billion people experience hearing loss, of which at least 430 million require rehabilitation services. This need is likely to rise to over 700 million by 2050, noise-induced hearing loss (NIHL) is a hearing impairment resulting from exposure to loud sound. In Indian context NIHL is one of the most important component requiring urgent attention.

Studies globally have found workers engaged in construction, industrial (automotive industry, mines, and quarry, metal, textile, etc.), Shipyards, firefighters, military, civil aviation, railways, agriculture, traffic policemen, teachers, etc. Are at increased risk of NIHL.

Though the largest burden of NIHL has been through occupational exposures; however, noise-induced hearing loss can also be due to unsafe recreational, residential, social and military service-related noise exposures. It is estimated that 15% of young people are exposed to sufficient leisure noises (i.e. Concerts, sporting events, daily activities, personal listening devices, etc.) To cause NIHL.

The problem of NIHL is more acute in developing world countries where rapid industrialization, a large informal sector and lack of protective engineering and prophylactic measures for noise control expose workers to hazardous noise conditions. India has millions of workers employed in industries having very high sound pressure levels which increase the risk of NIHL. The Factory Act of India recognizes NIHL as a notifiable disease. A maximum of 90 dB (A) for 8 hours continuous noise exposure is the limit recommended by the Directorate General of Factories Advisory Services and Labour Institutes.



**Dr Suneela Garg**

Professor Of Excellence (Community Medicine)  
Member Central Coordination Committee  
National Programme For Prevention  
and Control of Deafness (MOHFW, GOI)  
Hony, Secretary General Sound Hearing 2030



## **NOISE INDUCED HEARING LOSS: NEED FOR URGENT ATTENTION *Contd.***

The World Health Organization estimated in 2015 that 1.1 billion young people are at risk for hearing loss caused by unsafe listening practices. People may have a loss of perception of a narrow range of frequencies or impaired perception of sound including sensitivity to sound or ringing in the ears. When exposure to hazards such as noise occur at work and is associated with hearing loss, it is referred to as occupational hearing loss. Noise is a common workplace hazard, and recognized as the risk factor for noise-induced hearing loss and tinnitus but it is not the only risk factor that can result in a work-related hearing loss

In recent time, many religious houses, in the name of worshiping God have resorted to using public address system to attract people to their centres, thereby resulting to noise pollution in the society.

Exposure to sound above a level of approximately 85 dB initially manifest as a temporary hearing loss or dullness of hearing that is known as temporary threshold shift (TTS), which may have fast resolution within first 10-15 days of the exposure. However, a repeated or sustained exposure of noise to the hair cells and associated nerve fibers leads on to degenerative changes and the TTS becomes permanent threshold shift (PTS). The effect of excessive noise could be so devastating that it can cause permanent memory loss or psychiatric disorder.

Hearing may deteriorate gradually from chronic and repeated noise exposure (such as to loud music or background noise) or suddenly from exposure to impulse noise, which is a short high intensity noise (such as a gunshot or airhorn). In both types, loud sound overstimulates delicate hearing cells, leading to the permanent injury or death of the cells. Once lost this way, hearing cannot be restored in humans. Noise affects human health adversely Indiscriminate use of horn by motor vehicles and widespread use of loudspeaker in different Indian social and religious functions can cause different types of health Problems to inhabitants. It may cause mental disorder, deafness, high blood pressure, dizziness nervous breakdown and insomnia(inability to sleep). Persons exposed to high noise levels can cause high levels of circulatory problems, cardiac diseases hypertension, peptic ulcers and neurological impairment.

## **NOISE INDUCED HEARING LOSS: NEED FOR URGENT ATTENTION *Contd.***

There are a variety of prevention strategies available to avoid or reduce hearing loss. Lowering the volume of sound at its source, limiting the time of exposure and physical protection can reduce the impact of excessive noise. If not prevented, hearing loss can be managed through assistive devices and communication strategies.

The Supreme Court has held that the Court may issue directions in respect of controlling noise pollution, even if such noise was a direct result of and was connected with religious activities. It said, “Undisputedly, no religion prescribes that prayers should be performed by disturbing the peace of others. In a civilized society in the name of religion, activities which disturb old or infirm persons, students or children having their sleep in the early hours or during daytime or other persons carrying on other activities cannot be permitted.”

SC in the case of Noise Pollution (V), In re, (2005) 5 SCC 733 has held as under: “150. on bursting of firecrackers in the during Diwali and for other festivals.. Indian society is pluralistic. People of India belong to different castes and communities and have belief in different religions and celebrate different festivals. We are tolerant of each other. There is unity in diversity. If relaxation is allowed to one there’ll be no justification for not permitting relaxation to others. If we do so, relaxation will become the rule. It will be difficult to enforce restriction.”

Right to sleep peacefully is a fundamental right :The right to sleep has always been treated to be a fundamental. The Apex Court held thus: “327. Sleep is essential for a human being to maintain the delicate balance of health necessary for its very existence and survival. Sleep is, therefore, a fundamental requirement without which the existence of life would be in peril. To disturb sleep, therefore, would amount to torture, which is now accepted as a violation of human right.”

Avoiding exposure to loud sound levels is considered as the most effective preventive measure for protecting hearing health globally. Public health goals are minimizing harmful noise production at the source, preventing exposure to hazardous noise, provision of effective personal protective equipment (PPE) to those exposed to hazardous noise, early detection of NIHL by periodic screening along with medical and social rehabilitation of those with hearing loss.

Hearing loss has negative consequences on not just the individual but on society as well. With the continued rise in prevalence of noise induced hearing impairment, it has emerged as important public health issue requiring urgent attention.

## India's Senior Care Ecosystem Needs A Complete Overhaul



**Dr Gaurav Thukral**  
COO, Healthcare at Home

According to the LASI (The Longitudinal Ageing Study in India) survey, the world's aging population is expected to reach 330 million people by 2050. This means that the need for care and resources is growing. Globally, older people prefer to age at home while remaining active members of their communities. Therefore, new regulatory and policy changes are required to ensure that the ageing Indian population is cared for across all income levels.

Elders are not a cohesive mass; they will have a diverse range of health and wellness needs over the course of decades. This burgeoning elderly population, combined with rising longevity, improved affluence, shifting illness burdens, and evolving nuclear family structures (in rural and urban India), necessitates the organization of the fragmented senior care ecosystem. This will entail a push along 3 dimensions: developing a framework with appropriate policies, regulations, and tax structures; creating a favourable environment that attracts investment in the sector; significantly ramping up resources and capability; and establishing regulatory standards.

### **Why is a strong regulatory framework required?**

While the ageing sector is expanding, it lacks a regulatory framework, licensing, and accreditation to ensure high quality care for all ageing Indians. Furthermore, more will need to be done to ensure the financial support of this care through tax incentives, health plan reforms, and social care that ensures financing for elderly individuals who cannot afford private health plans or ageing services. This must be well governed to ensure that the elderly are not exploited and that a wide range of services are available to support older adults in remaining active, gaining independence, and aging healthily.

Today's elderly prefer to in their grow old in their homes while still prefer to remain active. Various countries, such as the United States, the United Kingdom, & Europe, are increasingly integrating innovative digital tech solutions in community & out-of-hospital-based care models for the elderly in order to reduce the burden on already overburdened public resources.



## India's Senior Care Ecosystem Needs A Complete Overhaul *Contd.*

Article 41 of our Constitution says that our senior citizens be cared for. The government has also launched a number of initiatives and schemes over the years. The Atal Vayo Abhyuday Yojana (AVYAY), launched by the Department of Social Justice and Empowerment, acts as an umbrella scheme aimed at creating an ecosystem for elders, focusing on financial and food security, healthcare and nutrition, safety and security, housing and welfare. Other ministries' schemes for senior citizens' welfare include the National Program for Health Care in the Elderly (NPHCE), the Pradhan Mantri Vaya Vandana Yojana (PMVVY), the Rashtriya Vayoshri Yojana (RVY), and others.

While such policies establish the categorical imperatives of how our senior care ecosystem should look in the coming years, they tend to have a limited focus on non-medical care, home-based senior care, and evolving technology breakthroughs in the area.

In the case of medical care, for eg., free or discounted services are only available at govt and district healthcare institutions, the majority of which lack institutional capacity. Healthcare financing is frequently a demotivating factor. Although senior-focused private health insurance, which primarily covers medical care during hospitalization, is available, uptake is estimated too low. As a result, unless provided in government out of hospital & non-medical care needs are primarily financed out of pocket.

### ***Here's what can be done...***

At this pivotal moment, we all must collaborate and recognize the existence of this elderly population, which has diverse health needs & financial resources to meet at various stages of their lifecycle. This necessitates further tailored solutions and interventions for their welfare and day-to-day needs. Various structured senior care formats, such as caregiver facilities, home-based senior care, senior rehabilitation and transition care services, end of life care & community-based care, have evolved over the years to address the specialized needs of the elderly. The number of accredited providers and facilities in the sector are limited and to regulate the industry and ensure high quality care delivery, a regulatory framework, licensing, and accreditation guidelines are strongly recommended.



## INDIGENOUS HEALTH CARE- FROM ETHNO-MEDICINE TO ENTERPRISES

The World Health Organisation had recently announced the decision to set up a Global Centre for Traditional medicine in India, which affirms the establishment and escalation of Ayurveda (Indigenous Medicine) to be a recognized healthcare system as the country strives toward advancements in the fields of Health and Wellness.

Ayurveda has been evolving for all these bygone years from the status of Ethno-medicine to multi-branched enterprises, contributing substantially to the economic growth and development of the country. It appears pertinent to revisit the prospects of Ayurveda as a promising science in therapeutics and the medicine-manufacturing industry, for streamlining the activities that are undertaken by the public and private sectors toward meaningful results.

Despite the challenges posed by the COVID pandemic, the share of the Ayurveda industry to GDP has been showing an upward trend. More importantly, global demand for herbal products has also witnessed a surge in recent years as people get more access to the information of benefits offered by this system as holistic and personalized medicine



**Dr P M Varier**

Managing trustee and Chief  
Physician  
Arya Vaidya Sala, Kottakkal



## **INDIGENOUS HEALTH CARE- FROM ETHNO-MEDICINE TO ENTERPRISES** Contd.

Coming to the prospects,

Career opportunities would give added mileage to the growth of the industry. Ventures in the form of start-ups, hospital facilities, sales, and marketing on e-commerce platforms would open up job avenues for people coming afresh and for experienced hands even. Control over the cost of production is another area that merits attention. It should start from raw material procurement to further mechanization and the introduction of cutting-edge technologies in the manufacturing process. Promotional schemes for medicinal plant cultivation with buy back assurance for agriculturists should be implemented at regional and national levels.

Export trade is an area that requires a big boost. Export policies are to be unambiguous, to ensure proportionate revenue generation. It would also pave way for the global acceptance of the entire system. Healthcare and personal care products including nutraceuticals and cosmeceuticals present immense scope in tune with the interests of the global community, irrespective of the financial strata. Health tourism is the means to the end for Ayurveda to gain popularity and expand worldwide in addressing the medical demands of society.

Endeavours to bring out more dosage forms and novel manufacturing technologies, patenting initiatives should be intensified. The government has been rendering continuous support to the field of Ayurveda by putting forth newer options with ample economic backup in database generation, quality control measures, product validation, knowledge enrichment, and skills development.

The futuristic view appears bright and buoyant.





# We salute our Nurses!

## International Nurses' Day -12<sup>th</sup> May

#FICCISpeaks #FICCITweets



May 12

### International Nurses' Day



"We, at FICCI, salute and appreciate the untiring, selfless dedication and compassion shown by Nurses in enhancing patient care and saving lives. They are indeed the backbone of any healthcare delivery system. Together, we need to work towards a better ecosystem for the Nursing Fraternity and encourage greater employment in this arena, given that the country needs to double their strength over next few years."

- Mr Gautam Khanna, Chair- FICCI Health Services Committee and CEO, PD Hinduja Hospital & MRC



May 12

### International Nurses' Day



"A Voice to Lead; Invest in Nursing and Respect Rights to Secure Global Health"

As the world recognizes the role of nurses in achieving global health goals, I appeal to lawmakers and decision-making bodies in India to involve nurses in all matters of nursing. No one knows the nursing profession better than nurses, who care for health needs from primary healthcare to the highest super specialties, including transplants and robotic surgeries.

The #Nation needs #Nurses in their rightful places to make a difference in achieving #healthgoals!"

- Thankam Gomez, Member- FICCI Health Services and CEO, Cygnia Healthcare; President, Association of Nurse Executives (India)



May 12

### International Nurses' Day



"The devastating COVID-19 crisis that we witnessed will remain etched in our memories for a life time and will remain historic for generations to come and this calls for an urgent and intelligent investment in the nursing profession to leverage a healthier world. All of us are recipients of the heroic deeds and relentless service of the nurses making our country a Global healthcare destination.

Let's celebrate our Nurses!  
Happy International Nurses' Day"

- Capt (Dr) Usha Banerjee, Member- FICCI Health Services and Group Director- Nursing, Apollo Hospitals Group





Seminar on

# Transforming Primary Healthcare in India through AB-HWCs

## Indian Healthcare Industry facilitating Smart HWCs

July 14, 2022 | 11:00 am – 1:00 pm  
FICCI Federation House, New Delhi

Session Chair



**Shri Rajesh Bhushan**

Secretary, Health and Family Welfare  
Government of India



## Speakers



**Dr Maninder Kaur Dwivedi**

Principal Secretary  
Health & Family Welfare & Medical Education  
Government of Chhattisgarh\*



**Shri Amit Mohan Prasad**

Additional Chief Secretary  
Department of Health & Family Welfare  
Government of Uttar Pradesh\*



**(Hony) Brig Dr Arvind Lal**

Chair, FICCI Swasth Bharat Task Force  
and Managing Trustee  
ALVL Foundation



**Ms Meenakshi Datta Ghosh**

Chair, Primary Healthcare Subgroup of  
FICCI and Former Special Secretary-  
Health & Family Welfare  
Government of India



**Dr Arun K Agarwal**

Co-Chair, FICCI Swasth Bharat Task Force  
Medical Advisor, Apollo Hospitals Group and  
Former Prof. ENT & Ex-Dean MAMC



**Dr Suneela Garg**

Immd. Past President  
Organized Medicine Academic Guild  
(OMAG)



**Mr Sanjiv Navangul**

Chair, NATHEALTH Western Region  
MD and CEO, Bharat Serum



**Dr Sabahat Azim**

Co-Chair, Primary Healthcare Subgroup of FICCI  
Co-Founder & CEO International, UpHealth Inc.  
and Founder and MD, Glocal Healthcare Systems



**Dr Sunil Raina**

National Convener, OMAG  
Project Director, CATCH and Prof. &  
Head- Community Medicine, DrRPGMC  
Kangra, Himachal Pradesh



**Mr Karan Singh**

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**FICCI Healthcare Excellence Awards Ceremony** is scheduled on **October 11, 2022** at New Delhi



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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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