



FICCI
HEALTH
WRAP

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Key Sectoral Highlights

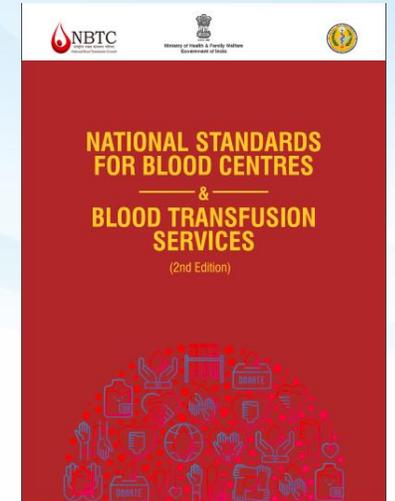
Important policy documents from the Government

[Draft Guidelines Governing Working Conditions of Nurses in all Healthcare Establishments/Institutions.](#)

The Ministry of Health and Family Welfare has worked towards drafting the guidelines for the working conditions of nurses in all healthcare establishments/ institutions along with key sectoral stakeholders. The same is being done to strengthen the WHO Global Strategy on 'Human Resources for Health: Workforce 2030'.

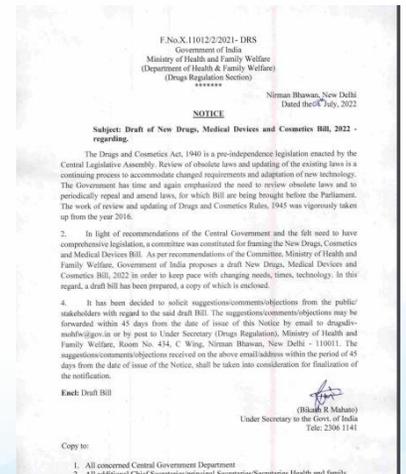
[National Standards for Blood Centres and Blood Transfusion Services \(2nd Edition\)](#)

The ministry recently launched the 2nd edition of National Standards for Blood Centres and Blood Transfusion Services to update the new standards of quality, safety, and efficacy of blood and blood products. With the significant developments in the field of Blood Transfusion, new and appropriate standards of the Blood centres are essential.



[Draft of New Drugs, Medical Devices and Cosmetics Bill.2022](#)

In order to keep pace with changing times, needs, and technology the Government of India is proposing a draft of new drugs, medical devices and cosmetics bill 2022. Suggestions have been taken from public/ stakeholders for preparing the draft bill.



[Notification of new specified health warnings Cigarettes and other Tobacco Products \(Packaging and Labelling\) Amendment Rules, 2022, GSR 592\[E\] dated 21st July, 2022](#)

Key Sectoral Highlights

Government and Policy

[TMR: Govt to fix TMR on 139 drug formulations in 1st phase to lower prices](#)

The government plans to fix TMR in a phased manner and has identified 139 formulations which include drugs like Remdesivir, Tocilizumab, influenza drugs, some patented drugs, among others.

['Ayushman cards with centre, state logos to help beneficiaries'](#)

Until now, the cards only bore the Centre's logo even though the Ayushman Bharat scheme is funded by states and the central government in a 40:60 ratio. Many states, particularly opposition-ruled ones, had demanded the state's visibility on the cards. As of now, 30 of 33 states have agreed to the co-branding plan. Delhi, Odisha, and Bengal have opted to remain out of the scheme altogether, while Tamil Nadu and Telangana have not yet given their final consent for co-branding.

[Healthcare industry: Medical tourism sector getting back in health with higher inflow of patients than pre-Covid times](#)

The health ministry has drawn up a roadmap to connect overseas patients with healthcare facilities in the country under its 'Heal in India' initiative.

[Union minister launches Paalan 1000 campaign, parenting app to focus on child health](#)

Union Minister of State for Health Bharati Pravin Pawar virtually launched a new campaign, Paalan 1000 National Campaign and parenting application in Mumbai. The mobile application focuses on the development of children in the first two years.

[Centre asks States to take preventive measures for Tomato Flu: All you need to know](#)

In its advisory, the government has advised the states to educate children about the signs and symptoms and side-effects of the illness as it mainly affects children under 10 years of age.

Key Sectoral Highlights

Research and other developments

[India's National Cancer Grid sets up digital cancer centre](#)

The National Cancer Grid in India, a government-backed network of organisations focused on cancer care and research, has established the Koita Centre for Digital Oncology.

[First indigenous monkeypox test kit released](#)

The Transasia-Erba monkeypox RT-PCR kit is highly sensitive, but an easy-to-use test with uniquely formulated primer and probe for enhanced accuracy.

['Smoking, alcohol use, high BMI linked to almost half of global cancer deaths'](#)

The study suggested that global cancer deaths due to these risk factors increased by an estimated 20.4% between 2010 and 2019, and differed considerably based on countries' level of development. Half of all male cancer deaths in 2019 (50.6%, or 2.88 million) were due to estimated risk factors, compared with over one-third of all female cancer deaths (36.3%, or 1.58 million), it said.

[Oldest HIV patient cured of AIDS, blood cancer after successful stem cell transplant](#)

The stem cell transplant was conducted from a donor who was naturally resistant to the virus that causes AIDS.

[PM Modi inaugurates Amrita Hospital in Faridabad - Inauguration](#)

With an aim to boost the availability of modern medical infrastructure in the National Capital Region, Prime Minister Narendra Modi inaugurated Amrita Hospital in Faridabad, Haryana. The super-speciality hospital will be equipped with 2600 beds.

Key Sectoral Highlights

COVID-19

[Corbevax as precaution dose](#)

The government approved Biological E's Corbevax as a precaution dose for those above 18 years fully vaccinated with either Covishield or Covaxin. The approval is based on the recommendations made recently by the Covid-19 Working Group of the National Technical Advisory Group on Immunisation (NTAGI).

[Health ministry concerned over low booster dose coverage, 12% in 18 to 59 age group, 35% in 60 plus population](#)

Under the nationwide covid-19 vaccination drive, the total coverage of precaution dose is around 15.66 crore with India's cumulative COVID-19 vaccination coverage exceeding to over 212.17 crore doses.

[Two large phase-3 trials of Novavax's COVID-19 vaccine show high levels of protection against infection: Research head](#)

SII and Novavax are the key partners in the development and manufacturing of the Novavax vaccine, marketed by Novavax as Nuvaxovid and by SII as Covovax, from its facility in Pune.

[Early metformin use may cut Covid hospitalisation, death risk by half: Study](#)

The widely available diabetes drug metformin may reduce the risk of emergency room visits, hospitalization, and death from Covid-19 by more than half if taken within four days of the start of the symptoms, according to a study.

[Scientists find 'weak point' in COVID-19 variants](#)

Cryo-electron microscopy (cryo-EM) was employed in the study, which was published in the Journal Nature Communications, to disclose the atomic-level structure of the weak area on the virus' spike protein.

[Bharat Biotech, ExcellGene consortium to develop variant-proof Covid vax](#)

The consortium is developing or designing a new vaccine concept that confers highly cross-reactive protection against numerous SARS-CoV-2 variants of concern.

Smokeless Tobacco Use Among Women : A Public Health Threat

In any form tobacco use has been a growing concern worldwide and is one of the biggest public health threats the globe has ever faced. It is estimated that nearly 80% of the world's smokers live in low and middle-income countries and about 90% of global Smokeless tobacco (SLT) users are from South-East Asian region.

The main forms of SLT that have been used by women in South Asian countries are: pan with tobacco, jarda, mishri, gutkha, chewed tobacco. SLT intake among women could be influenced by several cultural, psychosocial, and socioeconomic factors, including body image and peer pressure. Regardless of the reason for tobacco incitation, addiction sets in quickly and its dependence increases. Certain socio cultural factors like family and peer influences, advertising and tobacco availability also increases the risk factor. Apart from different reasons of tobacco initiation, continuation of tobacco use results from nicotine addiction, lack of awareness of risk, and difficulty in quitting. Further, the dependence-producing properties of nicotine are responsible for producing withdrawal symptoms such as drowsiness, fatigue, insomnia, irritability, anxiety etc. which increases craving for tobacco.



Dr Suneela Garg

Professor Of Excellence

Ex Head (CM) Sub Dean, MAMC& Head
Community Medicine, FMS

Chair Program Advisory Committee NIHFV

Chair Multi Disciplinary Unit DHR

In Indian context significantly higher use of SLT has been observed among those women are illiterate from lower socioeconomic status and belong to rural areas than the urban counterparts. SLT use increases with the increase in women age along with adverse reproductive and maternal health outcomes. The overall health status and reproductive health in particular among south Asian women stands worse as compared to women of high-income countries. Furthermore, poor coverage of essential health services during and after pregnancy along with other health system issues related to the availability, accessibility, affordability and quality of healthcare services remain to be serious public health challenges. Any form of tobacco, either active or passive has been associated with many adverse pregnancy-related outcomes, including its impact on the ability to become pregnant. There has been significant association with SLT with Low Birth Weight, and preterm births, similarly, risk of stillbirth among women who have a history of SLT use is higher as compared to women who never consumed SLT. Concrete efforts are underway to address tobacco use in pregnancy. In 2013, WHO published recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy, noting that pregnancy is often a window of opportunity to intervene with women and their families. However, a key challenge will be to constrain the growth in women's tobacco use, as cultural and economic barriers fall in the face of economic globalization, modernization, and crucially needed improvements in the status of women. This also calls for alternative livelihood for tobacco cultivators and bidi rollers where large number of women are involved complemented with innovative IEC strategies, sensitization of policy makers and programme managers. Private Public Partnership will go a long way in addressing the menace of smoked and smokeless tobacco.

Quality of Death – ensuring a Good Death

For centuries it has been expounded that a doctor's primary avocation is to save lives. Yes, but at what cost? During the last two decades there has been a radical transformation in deployment of medical technology. This has often resulted only in postponing the inevitable. I have over a 40-year period of active neurosurgical practice, certified at least 2500 deaths. While discussing different treatment options we discuss QoL (Quality of Life). Looking back, I often ruminate, if I should have taken more pro-active measures to also ensure a good QoD (Quality of Death). Discussing death should not be considered macabre, ghoulish and in morbid taste. As clinicians it behoves us to strive to achieve at least a Good Death for all those who have placed their trust in us. Do we discuss the end-of-life scenarios? Do we spend quality time with the *care givers* of an individual, whose passing away is highly likely, if not imminent. Should weightage not be given to patient's desires and ethical, social and humanitarian considerations?

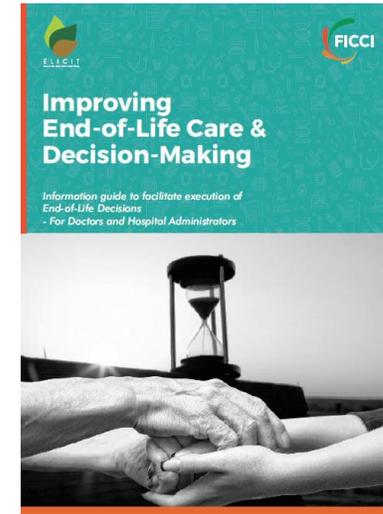


Prof K. Ganapathy

Director Apollo Telemedicine Networking Foundation &, Apollo Tele Health Services
Past President, Telemedicine Society of India & Neurological Society of India
Hon Distinguished Professor, The Tamil Nādu Dr MGR Medical University
Emeritus Professor, National Academy of Medical Sciences

On 9th March 2018, a 5-judge bench of the Supreme Court of India recognising “living wills”, held that **right to die with dignity is a fundamental right** and recommended guidelines and procedures for the same. Legalising passive euthanasia Justice Chandrachud had remarked “Life and death are inseparable. Every moment our bodies undergo change... life is not disconnected from death. Dying is a part of the process of living”.

Notwithstanding the above, the "National Medical Commission, Registered Medical Practitioner (Professional Conduct) Regulations, 2022" draft version Regulation 16 states “**Practicing euthanasia shall constitute unethical conduct.** However, in some instances, the question of withdrawing life-supporting devices or measures even after brain death shall be decided following the provisions of the Transplantation of Human Organ Act, 1994. (End of Life Guidelines). There is no definition of what constitutes euthanasia and what does not. Why should my constitutional right to die with dignity be linked to brain death and the THO Act. Though 52 months have elapsed the “guidelines and procedures” alluded to by the Honourable Supreme Court has not seen light of day. Senior citizens like me need to run from pillar to post to register a “Living Will” Looks unlikely that this will happen in our lifetime without knocking at the court’s doors again.



FICCI-ELICIT Information guide for facilitating execution of end-of-life decisions

DOWNLOAD



Pharmacogenomics – The present scenario of Future Medicine

We live in the era of personalization where we want everything to be customized per our specific individual requirements. Whether it is clothing, gifting, or our healthcare needs, we want to personalize everything. To offer such unique solutions, we need to understand what makes us Unique- that's where your DNA comes into picture.

We all are nearly 99.9 percent identical at the DNA level and, a variation in the remaining 0.1% makes us different from each other. These genetic variations explain different genetic tendencies for various traits related to physical appearance, health risks, nutrition and fitness. We are now witnessing a shift from **a Generic Approach to a Genetic Approach** for optimizing our health and well-being, where an individual's genetic information can be used to personalize their diet, health checkups, and fitness regimens. Along the same lines, employing an individual's genetic profile to predict drug response forms the basis of **Pharmacogenomics**.



Mr Amol Naikawadi

Joint MD

Indus Health Plus

Pharmacogenomics testing is a genetic test that predicts response to specific drugs by decoding an individual's genetic information. It is well known that same drug at the exact dosage will elicit a different response in different individuals. While most of them will respond to the drug, in a few it will be ineffective, leading to therapeutic failure and in others, it may even lead to adverse drug reactions. This can also be due to their genetics and other factors like gender, age, lifestyle, etc. For example, in a retrospective study done by Indus Health Plus (unpublished data) using genotyping data from 1200 individuals, they identified that more than 50% of individuals are poor/ intermediate metabolizers of Clopidogrel (widely used oral anti-platelet drug given after angioplasty) and may not respond to Clopidogrel at standard doses. In such cases, prescribing Clopidogrel may lead to secondary adverse cardiovascular events like restenosis and heart attack. In such cases, alternative anti-platelet drugs need to be prescribed to such individuals.

Pharmacogenomic testing thus can help the doctors to make informed clinical decisions about the right drug choices for their patients. In this way, the drug prescription can be more precise and tailored for each individual. This will help eliminate the trial and error involved in attaining a patient's correct treatment regime. It will also help- improve the overall patient outcomes while bringing down the time and cost of treatment. Further, it can also help to reduce the incidence of adverse drug reactions (ADRs), which is one of the leading causes of hospitalization and mortality worldwide.

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

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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



Dr Sunil Raina

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



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)
Professor of Excellence
Chair- Program Advisory Committee, NIHFV



Mr Sanjiv Navangul

Chair, NATHEALTH Western Region
MD and CEO, Bharat Serum



Mr Sabahat Azim

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



Mr Suresh Vazirani

Founder Chairman
Transasia- Erba Group



Mr Karan Singh

Managing Partner
Bain and Company India



The Government is working towards establishing 1.5 lakh 'Ayushman Bharat- Health and Wellness Centres' (AB-HWCs), for which they have sought participation from private sector to make the program a success. FICCI has joined hands with NATHEALTH and OMAG, to work in two States- Uttar Pradesh and Chhattisgarh, to **create demonstration models of 'Smart HWCs'**, in association with the respective State National Health Mission (NHM). The initiative is led by **(Hony) Brig Dr Arvind Lal**, Chair, FICCI Swasth Bharat Task Force and Managing Trustee, ALVL Foundation.



FICCI organized a Seminar on 'Transforming Primary Healthcare in India through AB-HWCs', on 14th of July 2022, at the FICCI Federation House, New Delhi. The event was graced by **Mr Rajesh Bhushan**, Secretary, Ministry of Health & Family Welfare, Government of India. The Seminar also had the virtual presence of **Mr Amit Mohan Prasad**, Additional Chief Secretary, Department of Health & Family Welfare, Government of Uttar Pradesh and **Mr Niraj Bansod**, Director Health Services, Government of Chhattisgarh. The panel was welcomed by **Mr Arun Chawla**, Director General, FICCI.



Mr Rajesh Bhushan, Secretary, Ministry of Health & Family Welfare, Government of India asserted that private sector is a critical player in the overall healthcare system in the country. He added that a large part of health burden is borne by the private sector providers. “Private sector is a critical player and must get involved not only in secondary and tertiary healthcare but also in primary healthcare which has historically remained a less-glamorous area of the private sector. Private sector can also step-in even in tier-2 and 3 towns and government will provide an enabling ecosystem for the private sector,” he highlighted.

Secretary Mr Bhushan also informed that to promote start-ups, National Health Authority (NHA) has created a sandbox for young start-ups and private developers to develop and use the sandbox facility to run their application on the eSanjeevani platform. “Going ahead, we need to look at ‘appropriate technologies’ and not necessarily cutting-edge technology. We may not require cutting-edge technology in the primary healthcare, but we do require appropriate technology which can be cost effective,” added Mr Bhushan.

To attract private sector to increase participation in the primary healthcare, Mr Bhushan said that both the union and the state government are open for partnerships with private promoters, non-government entities to strengthen the primary healthcare. “To take this forward, it is important for the states to prepare baselines of their health and wellness centres and what interventions they want the private sector to bring in.



“As a platform for industry convergence **FICCI** took the lead to further the cause of primary healthcare as an industry-wide movement and brought on board NATHEALTH & OMAG. These three very prominent associations have joined forces with three hundred plus health sector member organizations to work with government to create demonstration models of smart HWCs”

- **(Hony) Brig Dr Arvind Lal**,
Chair, FICCI Swasth Bharat Task Force
Managing Trustee, ALVL Foundation

The Seminar was also graced by **Ms Meenakshi Datta Ghosh**, Chair, FICCI Primary Healthcare Subgroup and Former Special Secretary- Health & Family Welfare, Government of India

Launch of



ADVANTAGE HEALTH CARE-INDIA 2023

6th International Summit on Medical Value Travel
20th - 22nd February 2023
Pragati Maidan, New Delhi



Date: 26th August 2022
Time: 6:30 pm - 8:00 pm

Venue: FICCI, Federation House,
Tansen Marg, New Delhi - 110001

For any further details/queries:
please write to us at mvt@ficci.com

Launch of Advantage Healthcare India 2023

26th August 2022, FICCI, Federation House, New Delhi



L to R: **Dr Atul Mohan Kochhar**, CEO, NABH; **Dr Ashutosh Raghuvanshi**, Chair-FICCI MVT Committee and MD & CEO, Fortis Healthcare; **Mr Lav Aggarwal**, Additional Secretary, MoHFW, GoI; **Mr Manab Majumdar**, Deputy Secretary General, FICCI

FICCI recently organized the **Launch of 'Advantage Healthcare India 2023 (AHCI)'**, with **Shri Lav Aggarwal, Additional Secretary, Ministry of Health and Family Welfare**, as the Chief Guest. The event witnessed participation from senior representatives of the leading hospitals, Embassies, and medical facilitators.

After the successful five editions of **AHCI**, the 6th edition is scheduled to be held from **20–22 February, 2023 at Pragati Maidan, New Delhi**. **AHCI** has garnered an enviable reputation in the international circles as one of the ideal forums for the medical value travel.

AHCI 2023 will witness the best of Indian Medical Value Travel industry including Indian Hospitals and healthcare centers under one roof. 200+ exhibitors and 600+ Hosted Foreign Delegates are expected to participate from over 70 countries. The event would include an exhibition, B2B Meetings, Conference on Medical Value Travel, Hospital Visits, Wellness Pavilion, Dedicated Start Up Pavilion etc.

75
Azadi Ka
Amrit Mahotsav



'Healthcare Transformation: Driving India's Economic Growth'

October 10-12, 2022 | FICCI Federation House, New Delhi

Physical event



Chief Guest

Dr Mansukh L Mandaviya

Hon'ble Union Minister for Health & Family Welfare
and Chemical and Fertilizers, Government of India
(Invited)

Master Classes

- ♥ Design Thinking in Hospitals
- ♥ AI in Healthcare

Theme Session

- ♥ Role of healthcare industry in driving India's economic growth

Special Session

- ♥ Heal in India, Heal by India

Plenary Sessions

- ♥ Cost Quality Conundrum
- ♥ Make in India impacting Diagnostics and MedTech

Panel Discussions

- ♥ Healthcare workforce strengthening
- ♥ Making cancer care more accessible and affordable in India
- ♥ Primary Healthcare
- ♥ Digital Health Changing landscape - Opportunities & Challenges

www.ficci-heal.com

Registration details are available on the website

Register at

<https://bit.ly/HEAL2022Del>

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14th HEALTHCARE EXCELLENCE AWARDS 2022

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AWARD CATEGORIES

EXCELLENCE IN



Service



Home Healthcare



Social Initiatives



Patient Safety



Capacity Building



Digital Innovation in Healthcare

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

170
Applications Received

48
Applications Shortlisted

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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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