



A white hexagonal graphic containing medical icons and text. The text includes "MEDICAL CARE" and "HEALTH". There are also icons for a plus sign, a heart with an ECG line, a flame, and a person in a wheelchair.

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

Nov-Dec  
2022



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**-HAPPY-**

**2023**

*New Year*

**May this new year be of peace, prosperity and many achievements!**



2023

# FICCI LEADERSHIP



**Mr Subhrakant Panda**  
President



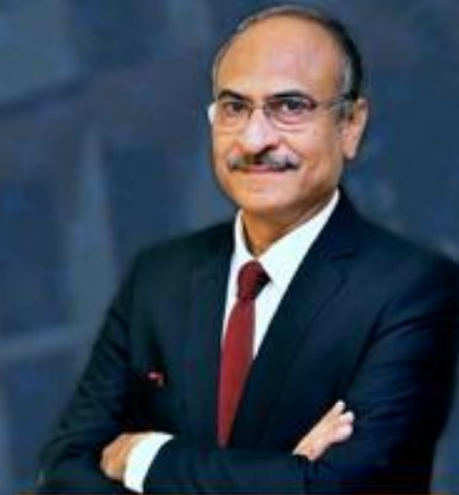
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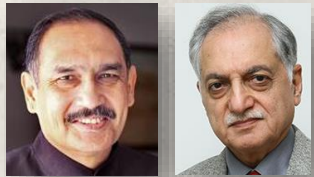
**Mr Arun Chawla**  
Director General



# FICCI welcomes Health Sector Leadership for 2023



## Health Services



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Founder & Chief Radiologist,  
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Med Ops, Fortis Healthcare



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**Dr Ashutosh Raghuvanshi**

MD & CEO  
Fortis Healthcare



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Medical Director of AIMSRC &  
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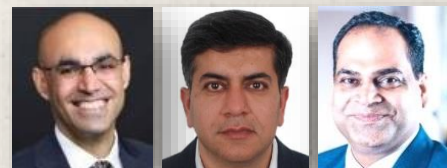
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**Co-Chair**

**Dr Arun Agarwal**

Medical Advisor-  
Innovation, Education  
& CE, Apollo Hospitals



**Co-Chairs**

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MD, J&J Medtech India

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MD, Sriveda Sattva  
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**Mr Rajeev John**

Head- Healthcare, Dabur\*

All names are Left to Right

\*Invited

## Leadership Article on Union Budget

THE TIMES OF INDIA

# Union Budget 2023: 'Need to increase public health spending to 2.5–3.5% at the earliest'

Dec 19, 2022, 03.34 PM IST



*By Gautam Khanna*

As nations recover from the aftermath of Covid-19, there is no better time to evaluate the gaps in our healthcare sector and fortify them. Though Covid-19 acted as a transformational catalyst in accelerating the implementation and adoption of changes in the sector, the union budget 2023 should enable a concrete metamorphosis in the sector to prepare for any such crisis in future.

- Increase in budgetary allocation for healthcare

Although the government has launched initiatives to increase spending in the sector, along with investments from the private sector, there is a need to increase the public health spending to 2.5–3.5% at the earliest. It is also

advisable that the government explore alternate financing models to address the gap and support universal health coverage targets.



**Mr Gautam Khanna**  
Chair- FICCI Health  
Services Committee 2022  
and CEO  
PD Hinduja Hospital &  
MRC

[➔ Click here to read the full article](#)



# Key Sectoral Highlights

## Government and Policy

### [Private member bill to set up a commission to regulate medical costs introduced in Rajya Sabha](#)

As India witnesses, a rapid increase in the cost of medical treatment, a Bill to provide for the establishment of a National Commission for Controlling Medical Inflation, which will regulate and standardise the rising costs of medicines, medical diagnostic tests, and pathological examinations, was introduced in the Rajya Sabha. CPI Rajya Sabha MP P. Santhosh Kumar named the Bill as 'The National Commission for Controlling Medical Inflation Act, 2022'.

### [Over 1,500 private hospitals empanelled under Ayushman Bharat in one year](#)

Union Health Minister Mansukh Mandaviya said more than 1,500 private hospitals have been empanelled under the Ayushman Bharat scheme in the last one year. The scheme is reviewed every month and out-of-pocket expenditure of patients under the scheme has come down, Mandaviya said, replying to a question in Lok Sabha.

### [Ayushman Bharat facilitating quicker OPD registration through scan and share service](#)

Within 75 days of its launch, the 'Scan & Share' service has already helped more than one lakh patients to save their time and efforts by enabling instant registration for OPD consultations. The process has also empowered the patient to register oneself, especially in the case of revisits without standing in long queues. This not only provides immediate and real benefits to patients but also encourages them to accept digital solutions to their health needs.

### [Bihar to have a palliative care policy, dedicated beds in hospitals.](#)

Over 60% of patients with advanced stages of cancer and other terminally ill patients need palliative care in Bihar. All medical college hospitals and district hospitals in Bihar will have 10-20 beds for palliative care, aimed at improving the quality of life of both terminally ill patients and their caregivers.

## Key Sectoral Highlights

### Government and Policy

#### [Global Health Priorities: G20 task force of finance and health begins work on India's global health priorities for 2023](#)

The members expressed commitment to the task force's mandate of contributing to strengthening global health architecture for pandemic prevention, preparedness and response and working with the secretariat and the co-chairs on achieving the deliverables for 2023.

#### [IT ministry extends deadline for public consultation on Digital Data Protection Bill to Jan 2](#)

The Ministry of Electronics and Information Technology (MeitY) extended the last date for public consultation on the draft Digital Personal Data Protection Bill (DPDPB), 2022, to January 2, 2023, in response to the requests received from several stakeholders.

#### [The incidence of TB in India has reduced by 18%](#)

The incidence of TB in India has reduced by 18% from 256 per lakh population in 2015 to 210 per lakh population in 2021. At the same time, the estimates of Drug Resistant TB in India have reduced by 20% from 1.49 lakh in 2015 to 1.19 lakh in 2021, stated Union Minister of State for Health and Family Welfare, Dr. Bharati Pravin Pawar in a written reply in the Lok Sabha

#### [Coronary stents in national list of essential medicines](#)

The Union health ministry has notified the inclusion of coronary stents in the National List of Essential Medicines, 2022.

#### [Maiden Pharma's cough syrups are safe, WHO jumped the gun: DCGI](#)

India's drug regulator has written to the World Health Organization (WHO), claiming samples of Maiden Pharma's cough syrups supposedly causing the deaths of children in Gambia were not found to be contaminated with diethylene glycol (DEG) and ethylene glycol (EG) upon testing by a technical committee constituted by the Indian government.

#### [SC asks Centre, states to file response on uniform healthcare standard plea](#)

The Supreme Court directed the Centre and the states to file their responses on a plea seeking directions for a uniform standard of healthcare for citizens in line with the Constitution



# Key Sectoral Highlights



## COVID-19

### [Dr Mansukh Mandaviya chairs review meeting on rising COVID-19 cases globally](#)

India will focus on the five-fold strategy of test-track-treat-vaccination and adherence to COVID-appropriate behaviour. The country has been able to restrict the transmission of the COVID-19 virus but the public health challenge of COVID-19 persists worldwide.

### [Gear up genome sequencing of positive cases to track Covid variants: Centre to states](#)

After the China has reported surge in the Covid-19 cases, the Centre on Tuesday asked all states to gear up the whole genome sequencing of positive cases to track the new variant.

### [Bharat Biotech's iNCOVACC: India's 1st intranasal vaccine to cost Rs 800 in private markets, Rs 325 for govt](#)

iNCOVACC is a recombinant replication-deficient adenovirus vectored vaccine with a pre-fusion-stabilized SARS-CoV-2 spike protein. This vaccine candidate was evaluated in phases I, II and III clinical trials with successful results.

### [COVID-19: Mock drills held in hospitals across country to check preparedness](#)

Mock drills were held at health facilities across India to check operational readiness to deal with any spurt in COVID-19 infection.

### [Serum Institute to provide 2 crore Covishield doses to central govt free of cost](#)

The Serum Institute of India (SII) has offered two crore doses of Covishield vaccine to the central government free of cost amid a rise in COVID-19 cases in some countries

### [Biological E, Bharat Biotech together sitting on stockpile of 250 million COVID vaccine doses](#)

Two major vaccine makers from Hyderabad, Biological E Ltd and Bharat Biotech, together are holding about 250 million doses of COVID-19 vaccines ready to dispatch as and when orders are received.

## Others

### [Urgent need to develop antibiotics for newborns, say global experts](#)

Recent estimates show about 2.3 million newborns die of severe bacterial infections each year while an increasing number are becoming resistant to currently used antibiotics

### [E-clinics facilitate comprehensive healthcare to remote areas with technological innovation](#)

With the aid of ever-evolving technologies, the growth of E-Clinics is spanning the entire healthcare process. The most recent phase of healthcare evolution worldwide is the delivery of mobile healthcare services integrated with ICT. India Brand Equity Foundation predicts that by 2022, the Indian hospital sector would generate USD 132.84 billion, with e-clinics accounting for a larger portion of the growth.

### [Indian healthcare sector suffers 1.9 million cyberattacks in 2022](#)

Cyberattacks on healthcare have grown across the world as more hospitals and healthcare services providers are moving their operations and databases online. According to cybersecurity firm CheckPoint Research, healthcare suffered the highest number of ransomware attacks globally during the September quarter of 2022

### [7 lakh women sought mental healthcare in govt centres](#)

In the past two months, since the Maharashtra government started basic health check-up for women, close to 7 lakh women have sought counselling and mental healthcare.

### [India has the most cervical cancer patients in Asia: Lancet](#)

More than 58% of all cases of cervical cancer globally were estimated in Asia, with India accounting for the highest number of cases at 21% followed by China at 18%.



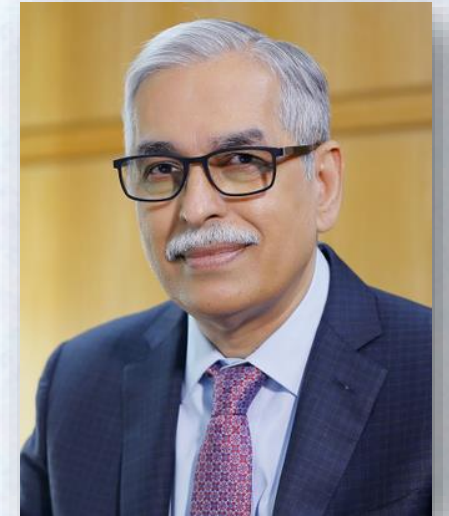
# Why Quality should be the Centerpiece of Indian Healthcare Ecosystem?

## Overview

Quality is a critical factor in the value chain of the healthcare sector to determine the success of an establishment. In India, private healthcare has always been at the forefront of care delivery and increasing private investment in last 2 decades has led to the establishment of many leading corporate hospitals. As far as quality is concerned, most of the top private hospitals are today at par with western standards. Riding on the back of quality healthcare services, India's medical tourism market is projected to grow at a CAGR of 35.68% from 2021-2027 and expected to generate \$35.12 billion in 2027 (from \$5.63 billion in 2021).

However, for a large segment of India's healthcare system (private as well as public), quality has been difficult to achieve. In healthcare, quality includes availability, accessibility, appropriateness, safety, effectiveness, efficiency, and affordability of services to the community. In 2018, a Lancet study concluded that 122 Indians per 100,000 die due to poor quality of care annually, a rate worse than that of Brazil (74), Russia (91), China (46) and South Africa (93) and even South Asian countries like Pakistan (119), Nepal (93), Bangladesh (57) and Sri Lanka (51).

Quality healthcare today is the domain of a few large providers, such as corporate hospitals with NABH and JCI accreditation. However, JCI is expensive and has limited value in India. Besides, standards are based on American practices and are often inapplicable or impractical for the Indian system. Also, many hospitals across states are lagging behind in the quality of processes and clinical outcomes.



**Dr Ashutosh  
Raghuvanshi**  
MD and CEO  
Fortis Healthcare

In modern healthcare, the concept of quality must take into account the patient's perspective also. Experiences of patients on factors such as quality of clinical services provided, availability of medicines, behaviour of doctors and other healthcare workers, cost of services, hospital infrastructure, etc, and respect for patient preferences are essential quality parameters.

What India's healthcare system needs is comprehensive quality and accountability standards.

### **Improving Quality**

Healthcare providers can improve quality by collecting appropriate and relevant data, analyzing patient outcomes, setting goals and committing to ongoing evaluation, improving access to care, and focusing on patient engagement. Quality maintenance and improvement are continuous processes and hospitals can use domain expertise in quality systems such as Lean and Six Sigma which have been documented to improve care outcomes. These can be implemented across all areas in primary, secondary, and tertiary care hospitals. In the Lean quality system, value is defined from the patient's point of view and anything that helps treat the patient adds value. It also stresses responses in the emergency, better utilization of OT to improve turnover efficiency, better organization of nursing stations to prevent overstocking, better management of medical records to reduce processing time, and focusing on the laboratory for shorter turn-around time. Six Sigma in healthcare is a statistically based process improvement methodology to reduce variation in any process and is proven to have reduced bloodstream infection post urinary catheterization in ICU and SICU, reduced insulin errors and improved patient safety, reduced incidence of patient falls, and hospital-acquired infections. Quality must be defined and measured, and appropriate steps must be taken to implement it. Both Lean and Six Sigma, as well as other structured tools are now being used for Quality Improvement in healthcare settings.

Going forward, technology will play a big role in improving healthcare quality. Investments in AI, ML, and VR among other technologies are already helping achieve quality for healthcare players including hospitals, diagnostic centres, and MedTech companies.



Hospitals of today need to believe in delivering patient care to the best possible standards, get their facilities accredited, and monitor and publish their clinical outcome data for all procedures, based on global norms specified by the International Consortium for Health Outcomes Measurement (ICHOM). They also need to invest in adoption of automated solutions for informed clinical decision making, reducing chances of errors in complex processes, minimizing manual data entry, and capturing patient experience on real time basis.

### **Cost factor**

India's healthcare sector is growing at a brisk pace due to its widening coverage and increasing investment by both public as well as private players. India recently became the fifth largest economy in the world, but for many Indians healthcare is still quite costly. According to the World Bank, while the proportion of out-of-pocket expenditure (OOPE) on health has decreased over the years to 48%, it remains much higher than the global average of 18% (as of 2019). This statistic underlines why quality care should also be affordable. The Ayushman Bharat scheme notwithstanding, 30% of the population lacks any financial backing for medical treatment.

While access to health insurance can help more people access and avail healthcare services of good quality, a two-pronged policy that encourages Public Private Partnership model of healthcare and simultaneous increase in public spending to 2.5-3% of the GDP will significantly bring down OOPE to 30% of overall healthcare spend. Incentivization of accreditation and quality tools will also encourage smaller hospitals and healthcare organizations to adopt quality standards and foster a culture of quality.

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## Leveraging Dental insurance to gain better access



**Prof (Dr) Mahesh Verma**

MDS, MBA, PhD, D.Sc. FDSRCS  
(Eng), FDSRCS (Edin),  
FDSRCPSG (Glas)  
Padma Shri Awardee & Dr. B.C.  
Roy Awardee  
Vice Chancellor  
Guru Gobind Singh Indraprastha  
University

Health is seen as a fundamental human right. Oral health is a vital component of well-being and general health. Oral health is a neglected public health issue in India. Oral diseases are chronic, non-communicable diseases, affecting a large population with a significant effect on overall health and carrying a large socio-economic burden. Dental care is very expensive globally. In our country, dental care services are mostly borne through out-of-pocket expenses by the patient. The **prohibitive cost of dentistry** has been the main hindrance that deprives people of availing of the services.

Thus, finance becomes a huge barrier to accessing dental care. Hence, it is imperative to surpass these barriers to make dental treatments more accessible. The states, researchers and stakeholders should adopt baseline quality measures for dentistry as a way to improve health outcomes, reduce costs and enhance patient experiences. While quality assurance is essential for ensuring the efficacy and effectiveness of dental interventions, the holistic and systems level focus that encourages continuous learning from engendering small changes to creating lasting solutions should be leveraged.

The Government of India has envisaged the **National Oral Health Policy** to strengthen the oral healthcare delivery system at all levels to render promotive, preventive, curative, and rehabilitative services. It encourages building the capacity of service providers and the provision of essential oral health care services. The policy intends in improving and uplift oral health care services which are cost-effective and have wider access for all with higher standards of quality.





The analysis of healthcare should consider **alternative payment methods** like insurance in addition to the ability and capacity of government-provided healthcare. Currently, insurance companies offer limited coverage for a few dental procedures under general health insurance plans. Over the years many health insurance policies have been successfully launched in the Indian subcontinent. However, **oral health faces neglect** and only a very few dental insurance schemes have been sustained in India. Dental insurance allows protection from unexpected dental expenses thereby attempting to reduce or remove costs.

Improvement of oral health is the ultimate aim. The reduction in the prevalence of oral disease, in turn, indicates the overall performance of dental services. Umpteen research has shown that dental insurance coverage has a positive role to play in increasing the utilization of dental care. For the dental profession and dental insurance to keep pace with the healthcare system in our country, there must be a shift from dentistry's traditional understanding of quality systems encompassing risk management, quality control and quality assurance, to **continuous Quality Improvement (QI)** through standardized measurement. And hence, in order to improve the quality ecosystem in dental healthcare practice, insurance companies should empanel and give claims to Dental Health Service Providers that are accredited/ certified by NABH. As our medical counterparts have embraced quality measurement for improved patient and population health outcomes, so too must the dental profession. The standardization and implementation of diagnostic terminologies in dental offices nationwide is an important step towards achieving widespread quality measurement.

The need of the hour is dental insurance to address the financial strain on the oral health care sector in India. We need a low-cost insurance plan and similar schemes to provide oral healthcare as dental practice is considered to be one of the outpatient services. This will in turn surely reduce the overall oral disease burden of the country.

## Preventive Health

### Preventive health care

As said 'An ounce of prevention is better than a pound of cure', preventive healthcare implies taking adequate precautions to delay or prevent the occurrence of a health condition or disease and includes steps taken to prevent disease and involves measures to identify and minimize the risk factors for any health disorder.

Prevention applies to all disease categories. However, non-communicable or lifestyle diseases (NCD's) are a health burden in society. Diseases that do not spread from one person to another and are medical conditions or diseases not caused by infectious agents. They are chronic diseases of long duration, with slow progression, and the result of a combination of genetic, physiological, environmental, and behavioral factors. Conditions include Heart disease, Stroke, Obesity, Type 2 diabetes, smoking, alcohol, drug abuse, raised blood pressure, and certain mental health disorders like depression, anxiety etc. According to World Health Organization (WHO) projections, the total annual number of deaths from NCDs will increase to 55 million by 2030, if timely interventions are not done for the prevention and control of NCDs. NCDs kill 41 million people each year, equivalent to 71% of all deaths globally. Also, each year, more than 15 million people die from a NCD between the ages of 30 and 69 years; 85% of these "premature" deaths occur in low- and middle-income countries. Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million).



**Mr Amol Naikawadi**  
Joint Managing Director  
Indus Health Plus Pvt Ltd



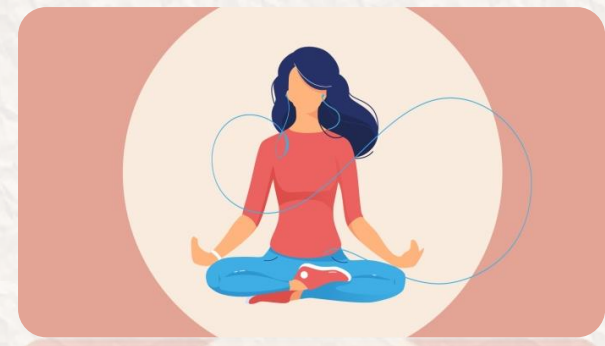
Causes of death in India also follow somewhat a similar trend (<http://www.healthdata.org/india>). The top 3 causes are ischemic heart disease, chronic obstructive pulmonary disease, and stroke, emphasizing the importance of preventive healthcare. **Detection, screening, and treatment** of NCDs, are key components of preventive health.

Preventive or screening checkups - All adults should undergo screening from time to time, even when they are healthy, to screen for diseases, look for future disease risks, discuss tips like on how to quit smoking, encourage a healthy lifestyle, vaccinations, etc.

Genetic tests- Tests to gain insights into our genetic information or genes, the basic unit of inheritance, storing a lot of our health information as well as other traits in a coded form. Advantages of genetic testing include having a personalized health plan, understanding one's genetic makeup, informed decision-making, plan diet and lifestyle, amongst others.

Immunity- Protects us from outside invaders, such as bacteria, viruses, fungi, and toxins (chemicals produced by microbes). Keeping immunity levels strong helps ensure protection from diseases.

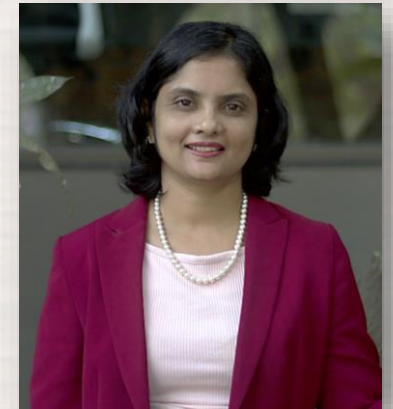
Stress management- Plays a vital role in keeping good health. Mental relaxation through yoga, meditation, pursuing hobbies like sports, music, and being connected with nature, all help in mental wellbeing.



## Measuring the 'Health' of Healthcare: Are we using the right metrics?

When it comes to the healthcare industry, the print, electronic, and web media is invariably abuzz with staple news bytes on what it reckons as the critical areas. Prime among these news capsules is a regular update on marquee private equity making valuations and marking their grand entries and exits, as also on the YOY revenue growth of listed healthcare companies. Then we have the usual barrage of reports on hospital malpractices or the growing instances of physical attacks on doctors and hospital staff following adverse outcomes. Occasionally, we find anecdotal case studies of good clinical outcomes. The worst part of this lopsided reportage is the media obsession of comparing hospital charges with five-star hotel tariffs. To my mind, nothing can be more preposterous than this comparison between the hospital and hospitality sectors, which have nothing in common barring the similarity of nomenclature. Given the stark differences between the structures and service delivery models of the two industries, I do not see how and why should the two be made synonymous in what is undoubtedly a ruthlessly sweeping generalization.

The overarching goal of healthcare is to provide good clinical outcomes and create an environment conducive to care and cure. A hospital is a place where the sick come in for availing of treatment that helps them heal and get better. Needless to say, they seek undivided attention from everyone around them. They demand constant care rooted in empathy and reassurance. The people involved in caring for patients are as diverse as diverse can get- from highly educated doctors to the blue-collar housekeeping staff.



**Dr Chandrika Kambam**  
Medical Director  
EVEN Healthcare



The service delivery of a hospital calls for a smart and seamless orchestration of as many as six to seven departments who coordinate the care and cure with round the clock commitment. Patients are admitted both for common ailments like viral fever and complex life-threatening emergencies like an accident, or a heart attack. Emotions perpetually run high in a clinical setting, and caregivers often have to quickly shift from a moment of quietude to a situation triggering an adrenaline rush.

It is a well-known fact that healthcare is one of the most capital-intensive industries. More importantly, most of the capital is not for showcasing lavishness, but as a sheer necessity to save patient lives and improve their quality of life. No wonder, the average cost of constructing a multispecialty hospital in the metros comes to a whopping one crore per bed. Further, infrastructure upgradation is an ongoing saga in hospitals, given the ceaseless usage prone to wear and tear and breakdown, and given the fast pace of emerging technologies which makes existing systems outdated within no time. It may take lakhs of rupees to replace a broken instrument, and a single breakdown can bring the entire system to a virtual standstill.

Maintaining a hospital is another key challenge; what with an array of special needs like biomedical waste management, specific type of air circulation for high-end care units like OT, ICU, continuous power supply to critical divisions like OT and ICU, scrupulous infection control protocols, maintenance of medical gasses, and ensuring clean water, especially for Dialysis. None of these precautions are optional and there is no place for jugaad given that an error, whether of omission or commission, can turn life-threatening.

The practice of medicine is no longer what it was two decades ago. Now the drive is towards making it more standardized, transparent and outcome-focused. Personalized care is no longer guided by what doctors and patients feel or wish for, but backed by what evidence dictates. There is an acute industry need for seamlessly aligning the interests of the payer, provider and the patient to ensure accountability at all levels.

Undoubtedly, healthcare can learn from various industries towards enhancing and enriching patient experiences across non-clinical areas like customized communication, proactive service delivery, and well-defined processes for capturing patient feedback and ensuring effective patient follow-ups. Ditto for emulating quality principles of lean-six sigma protocols and best practices in financial management and corporate governance.

So, the key metrics of the healthcare industry should encompass patient safety, clinical outcomes, purposeful hospital-to-hospital comparisons and doctor-to-doctor comparisons. Way beyond the accreditation certificate that reviews systems and processes once in 18 months, we need a continuous report of the patient-narrated care outcomes and feedback and how do they compare with risk-adjusted scores of similar calibre hospitals, both nationally and internationally. For a common man, it doesn't matter whether a hospital is public or privately funded. The basic needs have to be met, and the unflinching focus should be on quality, safety, and infection prevention practices. The bells and whistles are obviously for those who don't mind paying extra to seek comfort and luxury by choice.

Summing up, I reiterate the fundamental question of healthcare: who will measure these metrics and how? In my opinion, we need to create an independent and competent body which will work in tandem with the National Medical Council and National Accreditation body to come up with a robust system for reporting, monitoring and publishing actionable data in the public domain. The same body can act as a research organization and think tank collective to ensure an iterative enhancement of the country's healthcare delivery system. This overarching entity would be the **“Clinical Governance” organization**, the soul of healthcare which will ask the right questions before seeking the right answers, thereby ensuring the much-needed purpose and precision for measuring the health of healthcare.



**Make In Odisha Conclave'22**, the flagship investor summit of the Government of Odisha was organized in Bhubaneswar from **30<sup>th</sup> November to 4<sup>th</sup> December**. FICCI was the National Industry Partner for this third edition of the conclave that was organized after receiving tremendous success in 2016 & 2018.

The Conclave 2022 began with 54 Industry Captains showcasing commitment to the State of Odisha of Rs 585,742.26 cr- 21 MoUs were exchanged and 46 Investment Intent Forms (IIF) were submitted. 212 exhibitors and 11 country participation, along with 35 sectoral sessions made the Conclave a huge success. In Healthcare space- 2 sectoral sessions were organized around the achievements and opportunities in **healthcare, pharma and biotechnology** space. The sessions were well attended with discussion led by industry experts and key government officials.

## “Universal Healthcare Access in Odisha – Opportunities unfolded”



The key areas of discussion included the much applauded **Biju Swasthya Kalyan Yojana (BSKY), Affordable Healthcare Project, Cardiac and Cancer care project.**

## Biotechnology



Science & Technology Department, Odisha entered into **MoU** with key partners— ABLE, GNEP, Sapigen Biologix, Huwel Life Sciences, and CorpGINI, to foster the **growth of Biotechnology ecosystem** in Odisha



**Smt. Shalini Pandit, Commissioner-cum-Secretary, H&FW, Odisha** quoted “Odisha by 2025 shall create 3MN job opportunity in the Industrial sector with investment of Rs 2.5 lakh Crore. We have long-standing partnerships with many players from the private healthcare sector which continue to grow. Odisha has doubled investment in healthcare in the last 4 years, becoming the best-performing state in digital health”.

**Shri Bhaskar Jyoti Sharma, Commissioner-cum-Secretary, Odisha Government-** “In the last decade, Biotechnology Industry & Startup community in Odisha has seen exponential growth and contributed significantly to the Bioeconomy of the country.”



Department of S&T is working towards developing a future roadmap for Biotechnology investment and opportunities in Odisha to realise the Bioeconomy goal of the country: **Ms Puja Mishra, Joint Secretary, S&T**



# National Stroke Summit

1<sup>ST</sup> November 2022



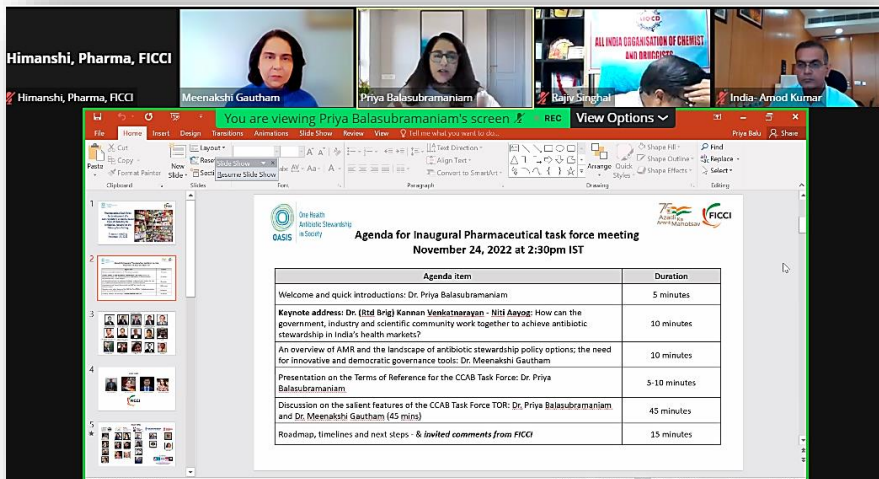
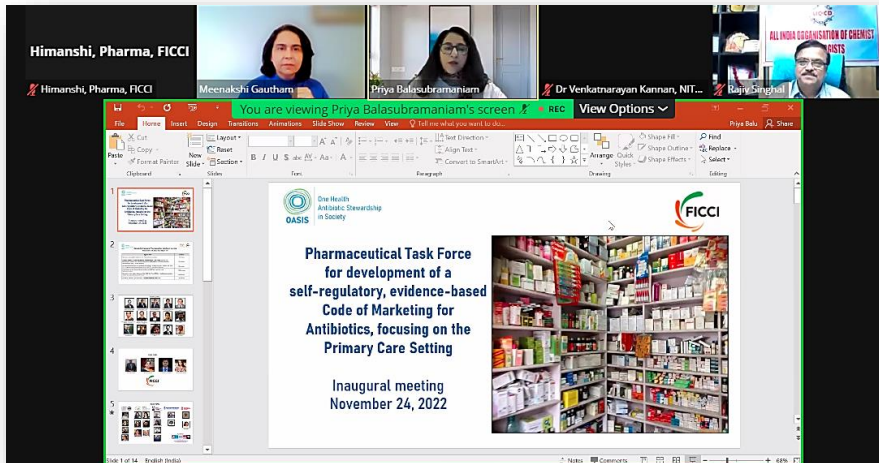
FICCI on the occasion of World Stroke Day organised **National Stroke Summit** in association with the **World Stroke Organization (WSO)** and **National Accreditation Board of Hospitals (NABH)** with support from the stakeholders on **Tuesday, 1<sup>st</sup> November 2022** from 5:00-7:00pm at FICCI, Federation House, New Delhi.

The Summit witnessed the **Signing of the MOU** between NABH and WSO in implementing stroke centre certifications and a discussion about implementing stroke care services in the G20 summit to be held in India on 9th and 10th September 2023. The summit agenda also included a launch of a FICCI-led stroke awareness public campaign.

**L-R:** **Dr Jeyaraj D Pandian**, President-Elect, World Stroke Organisation; **Dr Shiela Martins**, President, World Stroke Organisation; **Dr Lorho Pfoze**, Hon. Member of Parliament & Member Parliamentary Standing Committee on Health & Family Welfare; **Dr Atul Kochar**, CEO, National Accreditation Board for Hospitals & Healthcare Providers.

# Pharmaceutical Task Force for Development of a self-regulatory, evidence-based Code of marketing for antibiotics, focusing on the primary care setting

24<sup>th</sup> November 2022



FICCI, in association with PHFI, has constituted a Pharma Task Force (TF) under the Anti-microbial Resistance (AMR) initiative. Inaugural meeting of the Task Force gathered comments and recommendations on the features of the Code of Conduct for antibiotics (CCAB) and the Terms of reference for the group. Stakeholders also identified ways to move forward, including setting timelines, criteria for membership, and utilisation of Task Force recommendations.

The objectives of the Task Force is to – a) Review and reflect on the Indian AMR context, and the roles and responsibilities of the pharmaceutical industry within this context, to ensure universal access to essential drugs and antimicrobials while reducing their excessive use and inappropriate marketing and b) Draw from global best practices and innovations in regulatory design, such as the smart regulatory approach (and any other novel approaches) and develop the framework of a code of conduct for evidence-based marketing of antibiotics that is democratic and acceptable to all stakeholders, and is easy to implement by industry representatives.

The Task Force will include stakeholders who participated in this meeting to ensure continuity and an awareness of the context of the study, the need for the Code, and discussions on content and implementation of the Code. Also, recommendations from the Task Force will be presented to the High-Level Committee established to consider various issues pertaining to UCPMP.



## Pharma National Round Table on “Unmet needs in Heart Health– Elevating the under-rated risk factors”

30<sup>th</sup> November 2022



FICCI convened the ‘National Roundtable on Unmet Needs in Heart Health and elevating the underrated risk factors’ to bring the spotlight on elevating the underrated risk factors with key policymakers, key medical experts, and representatives from the healthcare industry.

During the Roundtable, the healthcare experts emphasized on adopting the ‘**3 at 30 check-up protocol**’ recommending people over 30 years of age to annually get their HBA1c (for Diabetes), BP and LDL Cholesterol levels checked. The experts also emphasized that cholesterol checks must be included in Diabetes and BP screening to improve India’s cardiac health. They also recognized that while diabetes and hypertension are often screened, it is LDL or the bad cholesterol that is currently being missed and is one of the most modifiable risk factors responsible for atherosclerosis.

**L-R: Mr Amitabh Dube**, Co-Chair, FICCI Pharma Committee; Country President, Novartis India; **Prof. (Dr) Balram Bhargava**, Chief, Cardio-Thoracic Sciences Centre, AllMS, New Delhi Former Secretary-DHR & Director General-ICMR; **Dr Narottam Puri**, Principal Advisor- QCI; Board Member & Former Chairman- NABH; Advisor- FICCI Health Services & MVT; **Dr Dorairaj Prabhakaran**, Director, Centre for Control of Chronic Conditions, Public Health Foundation of India (PHFI); **Mr Praveen K Mittal**, Senior Director, FICCI



# Pharma Roundtable on Health System Sustainability & Resilience

9<sup>th</sup> December 2022



The closed-door roundtable focused on to establish a foundation and set context for **“Partnership for Health System Sustainability and Resiliency (PHSSR): Laying the foundation”** in India and its relevance for the healthcare system. It focused on to leverage the collaboration of leading organizations and MNCs coming together to address the need to make the industry resilient and sustainable for the future.

The roundtable also focused on a) building knowledge, understanding, and consensus on the dimensions of, and the relationship between health system sustainability and resilience, so that they can be understood even in other country contexts, enabling identification of strengths, weaknesses, opportunities, and threats. b) guiding action by generating evidence-informed solutions and policy recommendations to improve sustainability and resilience, promoting their uptake, and supporting pilot implementations and, c) to facilitate cross border and cross-sectoral collaboration by enabling international knowledge exchange, and by engaging, collaborating with, and being responsive to health system stakeholders.





# “Role of Policy in enhancing awareness around Vaccine-Preventable Diseases”

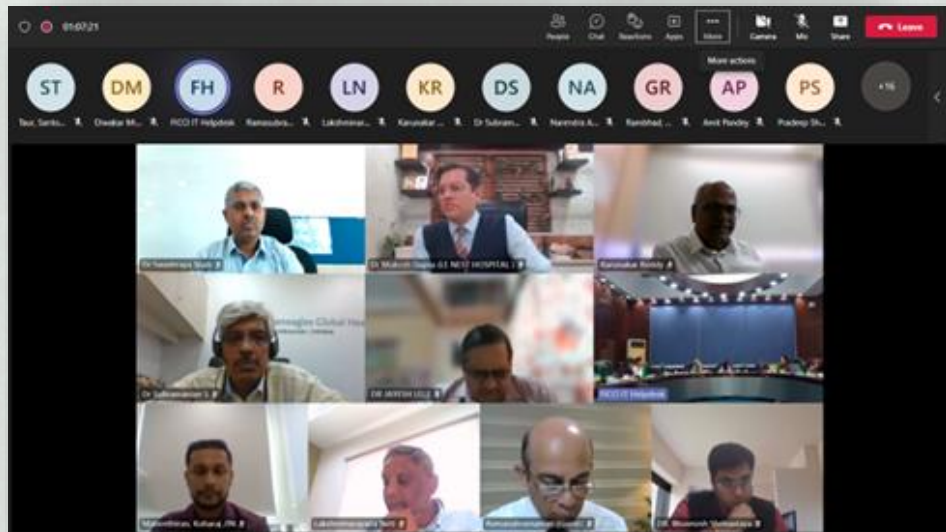
19<sup>th</sup> December 2022



The discussion was held to discuss policy provisions, including recommendations towards utilizing existing provisions within the Drugs and Magic Remedies (Objectionable Advertisements) Act 1954 (DMR(O)A), to enhance the role of the private sector and complement the government efforts around awareness generation for vaccine-preventable diseases, a roundtable discussion was conducted by FICCI in collaboration with USISPF. The Roundtable discussion was joined by a diverse set of stakeholders such as vaccine manufacturers, patient groups, Healthcare Practitioners, Professional Clinical Associations, senior colleagues from the media, International Not for Profit organizations, legal experts from law firms, and independent think tanks.

Key takeaways of discussion and Recommendations of the roundtable were:

1. Introduction of The Drugs and Magic Remedies (Objectionable Advertisements) Act DMRA and Limitations towards public awareness campaigns.
2. Need for Awareness Generation around Vaccines, private sector engagement, and policy provisions to enable public service campaigns.
3. Long-Term Impact of Vaccination on emerging public health Challenges.
4. Importance of Life Course Immunization for building block of primary healthcare and the route toward Universal Health Coverage.





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## ADVANTAGE HEALTH CARE - INDIA 2023

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**20<sup>th</sup> - 22<sup>nd</sup> February 2023**  
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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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