

FICCI's 18th Annual Healthcare Conference



Swasth Bharat, Viksit Bharat





Recommendations & Highlights







Swasth Bharat, Viksit Bharat November 5-6, 2024 | IHC, New Delhi

FICCI (Federation of Indian Chambers of Commerce and Industry), India's apex industry chamber, has been organising its annual healthcare conference, FICCI HEAL since 2007 supported by Ministry of Health & Family Welfare and recently by NITI Aayog and National Health Authority, Government of India. Over the years, this has evolved as a landmark event and a credible platform for health industry stakeholders to share knowledge and best practices.

The **18th edition of FICCI HEAL** was held from **November 5-6, 2024 at India Habitat Centre, New Delhi.** The central theme of the conference is **'Swasth Bharat, Viksit Bharat'**.

'Swasth Bharat, Viksit Bharat' encapsulates India's vision of becoming a healthy and developed nation. This theme underscores the intrinsic connection between health and progress, emphasizing that a robust healthcare system is fundamental to the nation's overall development. Through initiatives like Ayushman Bharat and the National Health Mission, India is committed to ensuring universal healthcare access. These initiatives are complemented by efforts to foster innovation, digitization and infrastructure development in the healthcare sector.

Promoting health and wellness is seen as a critical driver of economic growth. By ensuring that citizens are healthy, India aims to enhance productivity, reduce healthcare costs, and create a more resilient workforce. This dual focus on health and development reflects a holistic approach where economic policies and health initiatives are intertwined to create a synergistic effect, leading to sustainable development.

The vision of 'Swasth Bharat, Viksit Bharat' is not just about providing healthcare but also about creating an environment where every citizen has the opportunity to thrive. This encompasses not only physical health but also mental and social well-being. By addressing social determinants of health, such as education, nutrition, and clean environment, India aims to uplift the overall quality of life for its citizens.

In realizing the vision of 'Swasth Bharat, Viksit Bharat', India aspires to emerge as a prosperous, vibrant, and resilient nation on the global stage.

FICCI HEAL 2024 was an endeavor to converge all stakeholders- national and international, and provide a forum for sharing of learnings and experiences as well as facilitate discussions on strategies and opportunities for the future transformation of healthcare. This initiative endeavors to bring together diverse voices to shape the healthcare landscape, fostering collaboration and innovation for a healthier and developed India.



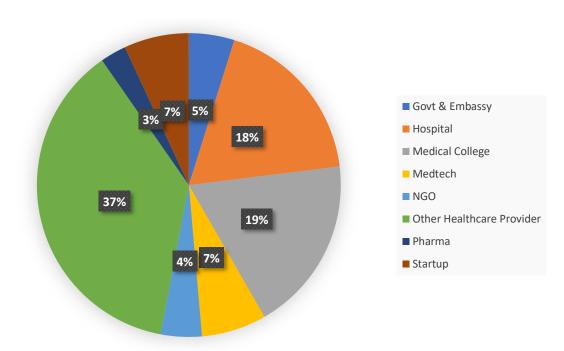


The two-day conference explored the multifaceted aspects of healthcare sector, emphasizing the need for a robust and inclusive healthcare system. It will have panel discussions, plenary sessions, workshops and keynote addresses that aim to address critical issues such as healthcare affordability, quality of care, medical education, enhancing efficiencies, technological advancements, and the importance of trust in healthcare. It will also showcase some startups in healthcare along with oral paper presentations by experts as well as students.

Past conferences have been graced by distinguished dignitaries like Hon'ble President of India, Mr Pranab Mukherjee; Hon'ble Vice President of India, Mr M Venkaiah Naidu; Hon'ble Vice President of India, Mr Jagdeep Dhankhar; Dr Scott Atlas, Special Advisor to the President of the United States; Member, White House Coronavirus Task Force and Robert Wesson Senior Fellow, Hoover Institution, Stanford University, USA; Prof Richard C Horton FRCP FMedSci, Editor-in-Chief, The Lancet and many other eminent personalities.

FICCI HEAL 2024 Sessions and FICCI Healthcare Excellence Awards can be viewed at the below YouTube links:





Participation at FICCI HEAL 2024



Inaugural Session

Prof Vinod K Paul, Member, NITI Aayog, Government of India

During his inaugural address, Prof Paul commended FICCI for organizing a meticulously planned conference centered on the core theme, **'Swasth Bharat, Viksit Bharat.'** He highlighted that the theme encapsulates critical aspects requiring deliberation in public forums, consensus-building, and dissemination to policy enablers and the broader community.

He praised the reports unveiled during the event, which address pivotal areas such as expanding diagnostic access, ensuring affordability in cancer care, advancing postgraduate medical education, healthcare proficiencies, and advancing primary healthcare. These initiatives align seamlessly with the vision of achieving a developed India by 2047, forming the foundation of this discourse.



He emphasized the significance of the next 25 years and compared it to the critical window preceding 1947,

where efforts and aspirations converged toward the shared goal of independence. Drawing inspiration from history, he highlighted how individuals from all walks of life- regardless of profession, caste, or creed- united under a common vision, driven by the leadership and ideals of the time.

He encouraged young people to embrace this opportunity, as they will be the driving force behind shaping the nation's future. Reflecting on the vision of a developed India by 2047, marking 100 years of independence, he urged them to focus daily on contributing to this dream. He stressed the importance of aligning personal efforts with the larger goal, leaving behind a legacy that future generations can proudly inherit.

During Dr Paul's deliberations, the discussions were aligned with the overarching vision, focusing on identifying actionable pathways to advance the health sector. He also shared that,





the Prime Minister had recently stated that efforts in the health sector will form the strong foundation of a developed India.

Key Metrics and Goals:

- Life Expectancy: Increase from 71 years today to over 85 years by 2047.
- Healthy Life Expectancy: Improve from 60 to above 70 years.
- Physician Ratio: 1 per 1,000; it must be increased to meet global benchmarks.
- Hospital Beds: Expand from 1 bed per 1,000 population to at least 2, requiring approximately 1 million additional beds in the next 5-7 years.
- Economic Growth: Build toward a \$32 trillion economy, raising per capita income from \$2,500 to \$18,000, enabling better healthcare investment.

Universal Health Coverage

Dr Paul highlighted the expansion and impact of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY), which stands as the world's largest health assurance scheme. He shared that the scheme now includes all senior citizens above the age of 70, regardless of socioeconomic status or income, addressing their higher hospitalization rates and unique healthcare needs.

He further shared that since its inception in 2018, PM-JAY has facilitated 78 million hospitalizations, saving beneficiaries over ₹1 lakh crore, while expanding coverage to 670 million individuals, including 550 million under the core scheme and additional beneficiaries supported by state budgets. The scheme's scale and impact are evident, with more than half of India's population covered and further expansion anticipated as states like Odisha join. Special focus on elderly care under PM-JAY emphasizes the need for holistic, dignified support for senior citizens. Stakeholders, particularly private and trust hospitals, are urged to enhance participation to meet the expanded beneficiary base, supported by dynamic revisions to health benefit package rates to align with healthcare providers' business models.

Dr Paul urged the industry to come forward for deeper collaborations, innovations, and commitment to strengthening partnerships under PM-JAY, ensuring its long-term stability and success.

Strengthening Healthcare Infrastructure and Primary Care in India

Dr Paul highlighted some of the key pillars for strengthening the healthcare infrastructure and primary care in the country.

1. Expanding Secondary and Tertiary Infrastructure:

Private sector infrastructure in secondary and tertiary care was recognized as a critical component in achieving the nation's healthcare goals for 2047. The Ayushman Bharat Health Infrastructure Mission (AB-HIM), with a budget of ₹64,000 crores over six years, is driving significant enhancements, including:

- Establishing 575 critical care units with a capacity of over 35,000 beds.
- Creating 15,000 pediatric care beds, with 50% as HDU beds and 50% as ICU beds.



• Increasing the number of AIIMS from 6 to 22, with each contributing 750–900 tertiary care beds and serving as hubs for education, research, and innovation.

2. Pandemic Preparedness:

Substantial progress was highlighted in pandemic preparedness, including:

- Establishing 2,000 block public health labs and 700 district public health units.
- Expanding the National Centre for Disease Control (NCDC) footprint with 5 regional centers, 30 branch labs, and 16 metropolitan branches.
- Developing a One Health Institution in Nagpur to integrate multidisciplinary expertise, including agriculture, environment, and human health.
- Increasing BSL-4 labs from one to four and establishing additional National Institutes of Virology across the country.

3. Comprehensive Primary Healthcare:

Government is making a concerted effort to transform primary healthcare, with a focus on operationalizing health and wellness centers (HWCs). These centers will be fully equipped to provide comprehensive care, including non-communicable diseases (NCDs) like hypertension, diabetes, and cancers. The initiative to elevate primary care through Ayushman Arogya Mandirs (Health and Wellness Centres) and other measures was emphasized:

- Over 175,000 Health and Wellness Centres have been refurbished and equipped with telemedicine facilities.
- Deployment of 140,000 trained Community Health Officers (CHOs) within five years to enhance accessibility.
- A focus on operationalizing non-communicable disease (NCD) programs for hypertension, diabetes, and cancer, with plans to integrate mental health, ENT, oral health, palliation, and senior care services.
- Each HWC will serve a population of approximately 7,000 people, and the goal is to significantly improve health outcomes at the community level. For example, efforts will focus on reducing uncontrolled hypertension from 30% of adults over 30 years of age to 10% within the next two years.

Efforts in primary healthcare are designed to create a future-ready system adapted to India's unique needs. This includes building comprehensive care frameworks akin to the UK's General Practitioner (GP) model but tailored to India's realities. The focus remains on fully energizing and operationalizing the primary healthcare system as a foundation for achieving health goals by 2047. These initiatives underscore a holistic approach to building healthcare systems that are equitable, resilient, and capable of meeting India's evolving health needs.

Advancing Healthcare through Public Health Missions

1. Tackling Waterborne Diseases and Healthcare Challenges- The government's emphasis on sanitation and public health has made a significant impact in recent years:



- Sanitation Infrastructure: With over 120 million toilets built, we have drastically improved sanitation and the cleanliness of our environment. As a result, waterborne diseases, which have historically been a major health concern, are expected to decrease over time.
- Disease Elimination Goals: India is on track to eliminate several diseases by 2029. Trachoma has already been certified as eliminated, and diseases like Kala Azar, leprosy, tuberculosis, lymphatic filariasis, and measles and rubella are close to certification or elimination. These remarkable milestones demonstrate the country's commitment to improving public health and disease prevention.
- Collaboration for Elimination: The involvement of academic institutions, NGOs, and healthcare professionals in tuberculosis control and other disease elimination efforts is crucial. Together, we can accelerate the progress towards these goals and make history by eliminating these diseases.
- **2.** The Impact of the JAL Jeevan Mission- The JAL Jeevan Mission has made significant strides in improving water accessibility, particularly for rural households:
 - Rapid Progress: When launched in 2019, only 17% of rural households had tap water. Today, that number has surged to 77%, with the mission moving at an incredible pace, providing a new tap every second.
 - Scale and Speed: This mission is set to provide clean, potable water to 700 million people, equivalent to the populations of USA, Brazil and UK. The speed and scale of this effort are unprecedented, and its impact on public health is profound. Clean water is expected to save between 60,000 to 70,000 lives, reducing waterborne diseases and improving overall health outcomes.

As we move towards achieving these ambitious goals, the contributions of all sectors—public, private, academic, and civil society—are essential to create a sustainable and equitable healthcare system that will serve the nation for generations to come.

Building Trust in Healthcare

The trust deficit in healthcare—between patients and providers, public and private sectors, and insurers and the insured—remains a critical challenge, threatening to undermine the progress of initiatives like PM-JAY. Patients ultimately bear the costs of disputes, rising prices, and unethical practices such as unbundling packages or surge pricing, which erode trust in the system.

Addressing this, Dr Paul urged the stakeholders to commit to ethical practices by ensuring transparency, fairness, and adherence to agreements, avoiding exploitation for financial gain, and fostering cooperation and accountability to rebuild trust and prioritize patient well-being.

Advances in AI for Healthcare: Embracing Innovation Responsibly

Al is revolutionizing healthcare with tools like physician assistants and advanced imaging algorithms, offering immense potential to enhance patient outcomes. However, the technology is still in its early stages, and unverified claims about its capabilities pose risks. Dr



Paul emphasised that India must aim to lead globally in creating and adopting AI solutions, aligning with its vision of "Viksit Bharat." Ensuring validated AI technologies is critical, as unvalidated tools could have life-threatening consequences.

He recommended that developing a robust validation framework, akin to pharmaceutical standards is essential, requiring extensive collaboration among experts. He concluded by emphasising that responsible deployment and rigorous validation are key to harnessing AI's promise while building trust and improving healthcare outcomes.

Prof Jonathon Robin Gray, Director of Innovation and Improvement, Cardiff & Vale University Health Board

During his keynote address, Prof Jonathan Gray shared a thought-provoking perspective on health, wellness, and economic growth, framing these issues within the context of an evolving world caught between two eras. He referred to this transitional period as the "gray zone," a space of uncertainty requiring new approaches to leadership, learning, and collaboration.

Prof Gray emphasized the significance of networks and connections, highlighting their potential to bridge silos across professions, generations, and countries. Drawing from his personal and professional experiences, he underscored the power of



collaboration and the necessity of fostering meaningful relationships to navigate this period of ambiguity.

Reflecting on his career, Prof Gray shared his journey from clinical practice to leadership, describing his work during the COVID-19 pandemic. He recounted the immense challenge of transforming Cardiff's national rugby stadium into a 2,000-bed hospital within weeks. This experience, he noted, was a powerful reminder of the courage and adaptability demonstrated by young professionals who "ran toward the fire" in times of crisis.

He advocated for investing in the next generation of leaders, stressing the importance of equipping them with the skills needed to work across silos and tackle global challenges. Prof Gray introduced innovative leadership development methods, such as escape-room-style evaluations, to identify and nurture young leaders who excel in teamwork and problem-solving.

In addition to discussing leadership, he touched on the broader societal shifts accelerated by the pandemic. Prof Gray observed that many traditional institutions are losing public trust as the world becomes more networked and interconnected. He urged for a renewed focus on trust-building and adaptability, both of which are essential to leading effectively in this evolving landscape.

Prof Gray concluded by calling for a global approach to leadership development, suggesting the creation of a Commonwealth Leadership Institute as a platform for young leaders to learn,



collaborate, and grow together. He expressed hope that such an initiative could serve as a beacon of innovation and resilience, connecting countries and fostering a new generation of leaders ready to tackle the challenges of an uncertain future.

Dr Harsh Mahajan, Chair, FICCI Health Services Committee and Founder & Chairman, Mahajan Imaging and Labs

During his welcome address, Dr Harsh Mahajan shared that as we envision a *Viksit Bharat*—a developed India—it is essential to acknowledge that the cornerstone of our nation's progress lies in the health of its citizens. Nothing highlighted this more emphatically than the COVID-19 pandemic. Today, India's healthcare journey exemplifies our commitment to the vision of *Swasth Bharat* leading to *Viksit Bharat*.

Our healthcare system's transformation mirrors India's broader development story. From building robust healthcare infrastructure to pioneering medical innovations, India is witnessing a new era in healthcare. Hospitals, clinics, and specialized centers are not only increasing in number but are also becoming centers of excellence, serving as beacons of hope for millions.

In line with this vision of a *Viksit Bharat*, the healthcare sector has embraced cutting-edge technologies, leveraging artificial intelligence, machine learning, and predictive analytics. These advancements are making quality healthcare accessible even in the remotest corners of the country. This digital revolution embodies the spirit of both *Digital India* and *Swasth Bharat*.

The Government of India's unwavering commitment to universal healthcare, through flagship programs like Ayushman Bharat and the National Health Mission, has been transformative. The Union Budget 2024-2025 allocated approximately ₹91,000 crore to the health sector, a 13% increase from the previous year. Key priorities include expanding digital health, boosting R&D, and enhancing public health infrastructure. Notably, funds have been earmarked for mental health initiatives—critical in today's competitive world—and certain cancer drugs have been exempted from customs duties. Additionally, 'Make in India' received a boost with support for the production of X-ray detectors and X-ray tubes.

With the rise of lifestyle disorders and evolving healthcare needs, it is imperative to reimagine healthcare delivery through technology-driven, affordable solutions that are personalized, collaborative, and harmonized. India's healthcare challenges require solutions that are discovered, developed, and implemented within the country. FICCI remains committed to this endeavor.

To achieve Swasth Bharat and Viksit Bharat, several critical aspects must be addressed:

• **Making Healthcare Sustainable**: FICCI has been advocating for a scientific study to determine healthcare costs for health insurance schemes, ensuring the private sector can viably contribute to accessible, quality care for all Indians.



- Strengthening Primary Care: With 1.7 lakh Ayushman Arogya Mandirs (previously Health and Wellness Centres) established across the country, these centers form the foundation of *Swasth Bharat*. FICCI is working to foster public-private collaborations and seeks greater support from state governments and CSR initiatives.
- Economic Reforms and Ease of Doing Business: To truly achieve Viksit Bharat, supportive policies are essential. GST reforms, such as allowing input tax credit for healthcare providers, are necessary to reduce the embedded costs of healthcare services. The healthcare industry also seeks single-window clearances and longer lending periods for financing infrastructure projects.

India's successful management of the COVID-19 crisis has established the country as a global healthcare leader. The twin initiatives of *HEAL in India* (medical tourism and value travel) and *HEAL by India* (exporting medical expertise to other countries) perfectly align with the vision of *Viksit Bharat*. These initiatives showcase India as a global healthcare hub while enabling our medical workforce to contribute to global health—both in South-South and South-North collaborations.

FICCI's Health Services Committee has been a steadfast partner in supporting government programs and reforms. The committee has collaborated with the Ministry of Health and Family Welfare and NITI Aayog, spearheading initiatives across diverse fields—quality care, standardization, digital health, healthcare innovations, research, medical ethics, medical education, nursing reforms, senior care, mental health, infectious diseases, cancer care, and primary care.

Dr Anupam Sibal, Co-Chair, FICCI Health Services Committee and Group Medical Director and Senior Pediatrician, Apollo Hospitals

During his theme address, Dr Sibal said that the theme of *Swasth Bharat, Viksit Bharat* perfectly encapsulates India's collective aspiration to build a developed nation where health drives our growth, sustains our development, and empowers our people.

India has come a long way. Today, India stands tall as the third-largest economy in terms of purchasing power parity and the fifth-largest economy in terms of nominal GDP. This is a reflection of the position India now enjoys on the global stage. By 2047, it is projected that 20 percent of the global middle class will reside in India, fuelling consumption-driven growth. This expanding economic power is supported by landmark initiatives like the *JAM Trinity*—through the Pradhan Mantri Jan Dhan Yojana, which has brought 530 million Indians into the banking fold.

Digital India Mission is a global case study for inclusivity, equity, and innovation. With over 2,300 UPI transactions per second and more than 40 percent of the world's real-time financial transactions happening in India, we are leading the charge in digital transformation. He highlighted that Gandhiji once said, "India lives in her villages." Today, this vision finds new relevance as digital inclusion rapidly expands across our nation. Remarkably, of the three people who join the internet in India every second, two are from rural areas. The cost of data



has fallen from 268 rupees per GB in 2014 to just 10 rupees today, erasing the divide between urban and rural.

The spirit of innovation now defines us. India's *Mars Orbital Mission (MOM)* was the first mission in the world to achieve Mars orbit on its first attempt, and it cost just \$74 million. To put that in perspective, the film *Gravity* cost \$100 million to make. India's *Chandrayaan* mission, which resulted in a soft landing on the south pole of the moon, cost only \$75 million. India's frugal innovation is a testament to its ability to do more with less, and this mindset will drive India's solutions to global challenges.

India also has the thirdlargest startup ecosystem in the world, with 110 unicorns, showcasing India's growing entrepreneurial spirit.

In healthcare, India has made remarkable strides. In 1947, life expectancy was just 31 years; today, it stands at 69. India now produces more than



115,000 doctors annually—just to put this into context, Australia has a total of 136,000 doctors. But India's most impressive achievement in healthcare has been through *Ayushman Bharat*.

He said that the four pillars of *Ayushman Bharat* are transforming healthcare delivery across the nation. The Pradhan Mantri Jan Arogya Yojana (PMJAY) covers 550 million citizens, and the initiative has recently been expanded to include an additional 60 million senior citizens. Health Infrastructure Mission has been allocated substantial funding, and the *Digital Health Mission* is revolutionizing how we connect every aspect of the healthcare ecosystem. Programs like *eSanjeevani*, our telemedicine platform, have already facilitated 100 million consultations, with 57 percent of beneficiaries being women.

During this concluding statement he said that together, we can find solutions that will bring the benefits of healthcare innovations to every corner of our nation, ensuring that the vision of *Swasth Bharat, Viksit Bharat* is realized for all.

Dr Sanjeev Singh, Co-Chair, FICCI Health Services Committee; Medical Director, Amrita Institute – Faridabad and Chief Medical Superintendent, AIMSRC Kochi also shared his perspective on the healthcare sector in India and gave the Vote of Thanks.

(Hony) Brig Dr Arvind Lal, Chair, FICCI Swasth Bharat Task Force; Executive Chairman, Dr Lal PathLabs and Managing Trustee, ALVL Foundation was also present on the occasion.



Release of Knowledge Papers

During the conference five key knowledge papers were released:

1. FICCI-BDO Paper on 'Expanding the Reach of Diagnostics: The Digital Advantage'

FICCI and BDO India released a paper at FICCI HEAL 2024 titled "Expanding the Reach of Diagnostics: The Digital Advantage," which examines the current landscape of India's diagnostic industry and highlights the role of technology in shaping its future. The paper outlines emerging trends, challenges, and key recommendations for the industry and government to accelerate the adoption of digital innovations. It emphasizes the need for comprehensive regulatory reforms to modernize outdated policies, establish a robust IT infrastructure for seamless connectivity, and foster skill development through specialized training in diagnostic technologies. The paper also advocates for stronger public-private



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partnerships to drive large-scale adoption of technological advancements and calls for dedicated frameworks to ensure secure data sharing and interoperability. Additionally, it highlights the importance of **supporting research and development through innovation hubs, financial incentives, and streamlined approval processes.** Addressing public concerns about digital health ecosystems, the paper stresses the need for awareness campaigns and transparent consent mechanisms to build trust. It recognizes the Ayushman Bharat Digital Mission (ABDM) as a cornerstone for creating a unified digital health ecosystem, with initiatives like Ayushman Bharat Health Account (ABHA) IDs playing a crucial role in enhancing data security, accessibility, and affordability, contributing to Universal Health Coverage in India.

2. FICCI-EY compendium of recommendations on 'Road Map for Making Cancer Care Affordable and Accessible in India'

FICCI-EY Parthenon launched a compendium of recommendations titled 'Road map for making Cancer care affordable and accessible in India'. The paper is a culmination of recommendations gathered from five regional roundtables organized over a year till September 2024, under the aegis of the Ministry of Health & Family Welfare, Govt of India. Among these, there is a strong recommendation for the Government of India to roll out a Comprehensive National Cancer Care Policy/Program with a dedicated funding outlay for the top six high-burden cancers.



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The compendium highlights that India faces a sizeable cancer incidence burden. As per estimates India's reported cancer incidence in 2022 was at 19 to 20 lakhs, whereas the real incidence was 1.5 to 3 times higher than the reported cases. The growth rate for cancer incidence is expected to further intensify over the next five to six years with new cases estimated to reach less than 45 lakh. The cancer care infrastructure is not equally distributed among rural and urban areas, leading to a huge burden on tertiary care centres. Further, treatment cost for cancer care is financially prohibitive i.e. almost 3x that of other non-communicable diseases (NCD) and continues to increase. Despite this, India's participation in global clinical trials is currently 4%, with 20% of the global disease burden.

3. FICCI-KPMG Paper on 'The Future of PG Medical Education in India: the 2047 Roadmap'

The Indian healthcare ecosystem has witnessed significant progress over the past three decades and now stands at a pivotal juncture, anchored by the principles of affordability, accessibility, and availability. These three pillars are essential for ensuring equitable access to quality healthcare services, addressing cost barriers, physical reach, and the consistent supply of medical resources. Attaining these 3As is crucial for the sustainability of India's healthcare system, meeting current demands while preparing for future challenges.



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To achieve universal health coverage (UHC), the Government of India has implemented key policies like the National Health Policy 2017 and initiatives such as Ayushman Bharat Yojana. The recent launch of the National Digital Health Mission (NDHM) further strengthens efforts by creating a robust digital health infrastructure. As India reimagines healthcare with UHC and NDHM, the acute shortage of qualified doctors remains a critical hurdle, highlighting the need for reforms in medical education to align with evolving healthcare needs and global standards.

Medical education is the foundation for addressing disparities in human resources for health. While efforts to strengthen undergraduate (UG) and postgraduate (PG) courses have intensified, disparities in educational quality and resources persist. Bridging these gaps is vital to ensure uniformly high standards for all medical graduates, ultimately supporting equitable healthcare delivery across the country.

4. FICCI-Symbiosis White Paper on 'Synergizing Healthcare Proficiencies through Interdisciplinary Education'



India's healthcare system faces a critical shortage and uneven distribution of healthcare workers, undermining efforts to achieve Universal Health Coverage (UHC). While healthcare worker density has increased from 13.6 per 10,000 inhabitants in 2005 to 20.6 in 2024, it remains well below the WHO's recommended 44.5 per 10,000. Disparities are stark, with urban areas having four times the doctor density of rural regions, further limiting access to care.

The shortage of Allied Healthcare Professionals (AHPs) is particularly acute, with a deficit of 6.4 million professionals and infrastructure meeting only 4% of the demand. Regional

imbalances in the distribution of AHPs and a concentration of nursing institutes in a few states exacerbate the issue. Skill gaps persist across professions: doctors often lack emergency response and team management skills, nurses struggle with procedural adherence and technology use, and technicians face challenges with equipment maintenance and data management.

Addressing these challenges requires expanding telemedicine, improving working conditions, and offering financial incentives for rural service. Strengthening public-private partnerships can enhance training capacity, while continuing education programs, cross-skilling initiatives, and multidisciplinary collaborations are essential. Task shifting and expanding community health roles can optimize existing resources, bridging workforce gaps and ensuring equitable healthcare access across India.

5. FICCI Report on 'Advancing Primary Healthcare in India through AAMs'

India's primary healthcare system is anchored by a vast network of Sub-Health Centers (SHCs) and Primary Health Centers (PHCs), forming the backbone of rural healthcare delivery. **With over 1.6 lakh SHCs catering to populations of 3,000–5,000 each**, these centers are the first point of contact for healthcare services at the village level. Staffed by Auxiliary Nurse Midwives (ANMs) and Multi-Purpose Workers (MPWs), SHCs focus primarily on maternal and child health, immunization, and common communicable diseases. PHCs,

numbering over 31,000, serve as the first professional healthcare



FICCI DISCUSSION PAPER ON ADVANCING PRIMARY HEALTHCARE IN INDIA

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facility, staffed with medical officers, nurses, pharmacists, and lab technicians, catering to 20,000–30,000 people each.

Traditionally centered on selective primary care, the Government of India, through the National Health Policy 2017, aimed to transition toward Comprehensive Primary Health Care (CPHC). In 2018, under the Ayushman Bharat initiative, the government announced



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plans to upgrade SHCs and PHCs into **1.5 lakh Health and Wellness Centers (HWCs) by December** 2022. Renamed Ayushman Arogya Mandir (AAM) in November 2023, over 1.7 lakh HWCs are now operational across India. This initiative also encourages private sector contributions through CSR and philanthropic support to enhance these centers, significantly strengthening the country's primary healthcare framework.

Theme Session

'Swasth Bharat, Viksit Bharat' encapsulates India's vision of becoming both a healthy and developed nation. This session underscored the intrinsic connection between health and progress, emphasizing that a robust healthcare system is fundamental to the nation's overall development. With a 1% increase in health expenditure potentially leading to a 0.1% rise in GDP, the economic benefits of prioritizing health are clear.

India is poised to overtake Germany and Japan, becoming the third-largest economy by 2027, with aspirations of achieving a **\$5 trillion economy by 2047**. However, history shows that a strong economy is built on a healthy workforce, and a healthier nation provides the

foundation for sustained economic growth. A healthier population can significantly improve productivity, potentially boosting it by up to 30% and contributing **\$3 trillion** to the economy by 2030. India holds a unique advantage due to its demographic dividend, with the lowest old-age dependency ratio (just 11%) among the world's largest economies.

In addition to health, India has made notable strides in research and development. While India ranks third globally in scientific publications and has the fourth-largest number of PhD scholars, there is still significant room for improvement in research output, particularly in the health sciences.

As India moves forward, initiatives like Heal in India and Heal by India present opportunities for "It is crucial to recognize the growing burden of NCDs, which are responsible for 60% of deaths in India. Alarmingly, NCDs are increasingly affecting younger populations, posing a significant challenge as we work to build a healthier nation. Addressing these health concerns will be essential in ensuring long-term national progress"

- **Dr Anupam Sibal**, Co-Chair, FICCI Health Services Committee and Group Medical Director and Senior Pediatrician, Apollo Hospitals.

collaboration between the public and private sectors. Strengthening these partnerships will help position India as a global hub for **Medical Value Travel**, attracting patients from across the world and bolstering India's leadership in the healthcare sector.

The vision of **'Swasth Bharat, Viksit Bharat'** is not only about improving health but also about driving economic growth and social well-being. By focusing on health, India is laying the foundation for sustained development, ensuring that it remains on track to become a global leader in both economic and healthcare sectors.



CHANGSAN

Ms L S Changsan, Additional Secretary, Ministry of Health and Family Welfare, Government of India

India's aspiration to be a developed nation by 2047 underpins the government's steadfast commitment to the vision of a 'Viksit Bharat.' During the session, Ms Changsan highlighted transformative initiatives that reflect this vision, particularly in healthcare—a sector critical to national progress.

Enhanced Budgetary Commitment- In the fiscal year 2024–25, the health budget witnessed a notable 13% increase, reaching ₹91,000 crores. This robust allocation underpins essential areas like public health, education, and social welfare, emphasizing the importance of synergy between central and state governments, as well as private sector collaboration.



such as the National Health Mission and Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) are redefining healthcare delivery. AB-PMJAY, the world's largest health assurance scheme, offers ₹5 lakh annual coverage to the bottom 40% of India's population. Since its inception in 2018, it has issued over 35 crore Ayushman cards, facilitated 7.7 crore hospital admissions, and saved ₹1.26 lakh crores in out-of-pocket expenses—significantly alleviating financial burdens for low-income families. Notably, the recent expansion to include senior citizens aged 70 and above brings an additional six crore individuals under its ambit.

Pioneering Digital Healthcare- The Ayushman Bharat Digital Mission (ABDM) is

revolutionizing healthcare through technology. With over 55 crore unique ABHA IDs (Ayushman Bharat Health Accounts) issued, ABDM enables seamless access to services and secure linkage of electronic health records. By integrating initiatives like the Health Professionals Registry and Health Facilities Registry, the mission aims to create a healthcare system as user-friendly and ubiquitous as the UPI interface.



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Transforming Primary Healthcare- Primary care is pivotal in achieving universal health coverage. The Ayushman Bharat Health and Wellness Centres, now renamed Ayushman Arogya Mandirs, exemplify grassroot service delivery. With over 1.7 lakh operational centers, these facilities provide essential medical care, driven by dedicated ASHA workers, Auxiliary Nurse Midwives (ANMs), and Community Health Officers (CHOs).



Harnessing Teleconsultation- The e-Sanjeevani platform has bridged healthcare access gaps through teleconsultation, benefitting over 30 crore patients by connecting remote areas with expert hubs nationwide.

Expanding Medical Education- To address human resource shortages, the establishment of 22 new AIIMS institutions and a doubling of medical seats have significantly boosted capacity. Additionally, 1.5 lakh nursing and paramedical professionals have been trained, ensuring a skilled workforce for the future.

Addressing Mental Health- Recognizing the need to close mental health care gaps, the government introduced Tele-Manas, a telephonic counseling service connecting individuals to trained professionals, thereby expanding mental health service accessibility.

Fostering Medical Device Innovation- India's position as a global healthcare innovator is bolstered by the National Medical Devices Policy and Performance Linked Incentive (PLI) schemes. These initiatives aim to make India a global manufacturing hub for medical devices and active pharmaceutical ingredients (APIs).

Private Sector: A Key Ally- The private sector's role is indispensable in complementing these efforts. By leveraging innovation, research, and scalable business models, private players can enhance cost-effectiveness and ensure healthcare accessibility, even in the remotest regions. A strong public-private partnership remains critical to advancing healthcare inclusivity and affordability.

Prof N K Ganguly, Former DG, ICMR; Chairperson, Department of Biotechnology and Research, Sir Ganga Ram Hospital and President, Apollo Hospitals Educational and Research Foundation (AHERF)

Prof Ganguly shared his valuable insights on strategies to alleviate the significant burden of chronic diseases, emphasizing the role of innovation and recent initiatives taken by the government and private sector. In India, children have faced significant challenges. At one point, India had 60% low birth weight babies. While this has

reduced to 30%, it has not gone below that. Additionally, 10% to 16% of babies are preterm or extreme preterm, Intra Uterine Growth Restricted (IUGR), and others. From birth, they are already challenged, leading to conditions like incipient hyperinsulinemia, diabetes, coronary artery disease, strokes, and even breast cancer in young women. Life expectancy is reduced by a decade due to these conditions.

In India, however, significant contributions in this area have been made particularly from the private sector. Initially, babies born in India faced issues like ARDS, hypothermia, anemia, and



pneumonia, which often led to death within the first 15 days or before the age of five. To combat ARDS, India innovated by developing room air-based oxygenation systems as an



alternative to 100% oxygen. Additionally, the introduction of Gentamicin injections played a crucial role in reducing infections and promoting healthier growth among children. The SAS program further contributed by implementing interventions aimed at enhancing linear growth in children, addressing malnutrition, and improving overall child health outcomes.

Another significant intervention involved the introduction of a combination of vitamin B12 and folate supplements. In India, folate supplementation is uncommon, and vegetarians often experience vitamin B12 deficiencies. This issue is further compounded by the practice of boiling milk, which destroys essential nutrients. The use of these supplements effectively addressed these deficiencies, promoting linear growth among children. Additionally, ready-to-use food supplements were developed for women and children, further supporting growth and improving nutritional outcomes.

One of the significant challenges is identifying women at risk of preterm or extreme preterm birth and preventing these cases. Apollo Research, in collaboration with Imperial College, is working to measure deficiencies like linolenic acid, omega-3, omega-6, and lipidomes in pregnant women. Linolenic acid and omega-6, for instance, are not readily available in Indian diets. By addressing these deficiencies through supplementation with DHA and conducting brain imaging, the brain development of both mother and child has improved significantly. This initiative has been highly successful.

Indian Brain Matrix funded by DBT with INR 45 crore, has simplified brain development assessment and promoted linear growth by addressing key factors across the preconception, conception, and post-conception stages.

To prevent preterm births, amniocentesis is conducted to identify infections or deficiencies, allowing targeted antibiotic therapy. This has been highly successful in converting preterm pregnancies to normal-term deliveries. Furthermore, proteomic signatures and microbiome analyses have been integrated into these interventions, showcasing how sophisticated technologies can support maternal and child health. He also shared some of the other innovations and research being carried out in private sector in India, as well as in collaboration with the government, which will put India on the global map of advanced healthcare.

Dr Taruna Madan, Scientist G and Head Development Research Division, ICMR

During the session, Dr Madan provided an update on recent initiatives by the Indian Council of Medical Research (ICMR). These initiatives have been focused on developing products and creating a comprehensive ecosystem for innovation in healthcare. ICMR has 27 institutes across the country, focusing on various diseases and ailments. Some of these are designated as Regional Medical Research Centers, addressing regionspecific health issues.





Additionally, ICMR operates 146 Virus Research Diagnostic Laboratories (VDLs), which played a vital role during the pandemic and are being expanded to include infectious disease research for bacterial, parasitic, and fungal diseases. ICMR also supports 103 Multidisciplinary Research Units (MRUs) in medical colleges and 30 Model Rural Health Research Units across the country, enhancing research infrastructure. The Health Technology Resource Center, now known as Health Technology Assessment India, further strengthens this ecosystem.

ICMR has refocused its extramural research funding on three major grants. The first offers up to INR 2 crores for research projects with a duration of up to 3 years. The second, known as intermediate grants, provides funding ranging from INR 2 to 8 crores for research aimed at developing products through clinical trials. Lastly, the Center for Advanced Research and Excellence grants support infrastructure development and facility enhancements, with a commitment to producing at least five products from these centers, with funding up to INR 15 crores.

To support the government's health priorities, ICMR also funds research aligned with National Health Research Priorities (NHRP). These priorities cover areas like non-communicable diseases, including cancer, diabetes, cardiovascular diseases, and stroke, with funding opportunities of up to ₹25 crore.

The Medtech Mitra initiative, launched in December 2023, serves as a one-window solution for innovators and entrepreneurs in the medical technology space. This platform helps guide innovators through the entire process, from product development to government procurement. It aims to streamline the journey of healthcare innovations, making it easier for them to reach the market. The initiative is a collaboration between ICMR, NFBR, AMTZ, Bureau of Indian Standards, and other stakeholders.

Medtech Mitra isn't limited to just medical devices. It also covers pharmaceuticals, vaccines, and biologics. This broad focus helps facilitate the innovation ecosystem across all sectors of health technology. Since its launch, the platform has already supported more than 253 innovators through knowledge partners. Over 70 meetings have been conducted to provide assistance and guidance to these innovators in areas such as regulatory processes, patenting, and product testing.

ICMR has also made significant strides in clinical trials and drug development. For the first time, a network for early-phase clinical trials has been established, with four dedicated Phase 1 clinical trial centres. These centres focus on innovative research, including therapies for cancer, vaccines for diseases like influenza, Nipah, and Zika, as well as gene therapies for rare diseases. Late-phase clinical trials are supported by the Indian Clinical Trial and Education Network (INTENT), which comprises 75 trial sites across the country. This initiative aims to address the gap in clinical trial capacity in India, as the country, despite having 18% of the global population, conducts only 1.4% of the world's clinical trials. INTENT also supports regulatory-compliant and academic clinical trials, with an allocated budget to strengthen the infrastructure.



Some of the ongoing studies being conducted under ICMR's umbrella include an initiative to address iron deficiency anaemia in collaboration with the Ministry of AYUSH. ICMR is also conducting a probiotic intervention study aimed at pre-term infants, with funding and support from the Bill and Melinda Gates Foundation. Other ongoing studies include the development of therapies for osteoarthritis, lymphatic filariasis, leprosy, and sickle cell disease. These studies are crucial for advancing healthcare outcomes in India, especially in underserved areas.

In diagnostics and medical devices, ICMR has supported the development of innovative products such as sickle cell disease kits, BP instruments, dried blood spot collection kits for anti-tuberculosis drug monitoring, and AI-based solutions for early detection of cervical and breast cancer. Collaborative projects also include rapid breath analysers for cancer and AI-driven Pap smear analysis.

The government's guidance and financial support have empowered ICMR to achieve these milestones, reflecting a robust commitment to enhancing the health research and innovation landscape in India.

Mr Varun Khanna, MD, Quality Care India Limited (Care, KIMS & Evercare)

Mr Khanna shared his insights from his experiences in Indonesia during COVID-19. Indonesia produces 300 specialist doctors every year for a population of 280 million people. As compared to India, where the MBBS seats have increased to about 110,000 per year, and postgraduate seats to 54,000. This contrast really highlights the impact of India's education system on healthcare.

The healthcare industry in India owes a lot to this educational framework. Otherwise, many developments, including funding and infrastructure, wouldn't have happened. Healthcare industry is built on three elements: **Talent**,



Technology, and Infrastructure (TTI). The talent aspect has been fundamental in building our healthcare sector.

Over the last two decades, funding has improved significantly. There was a time when India was struggling due to lack of funds, both from the private sector and the government. Today, the government's healthcare spending has risen to 3.5% of GDP, a significant increase. Out-of-pocket expenditure, which in 2014 was 65%, has now reduced to 40%, marking a major improvement.

Additionally, insurance penetration has grown. The privately insured population has increased from under 10% to about 17%, and some experts say it's on track to reach 25%, which would mean nearly 400 million people will be privately insured. This is apart from the government's efforts, which aim to insure about half of the population. He also highlighted the need to invest in wellness education.



Mr Gautam Khanna, CEO, PD Hinduja Hospital & MRC

During the session, Mr. Khanna highlighted the significance of prioritizing "Swasth" (health) before "Viksit" (development) in the vision of 'Swasth Bharat, Viksit Bharat.' He emphasized that a healthy population forms the foundation of economic growth, as good health is essential for productivity. Without it, individuals cannot contribute effectively to the workforce, directly affecting the nation's GDP. In essence, health is not just a component of progress—it is its prerequisite.



He emphasized the importance of preventive healthcare,

including mental health, highlighting the misconception that healthcare is a concern only later in life. Raising health awareness from an early age and educating people on maintaining a healthy lifestyle are essential to preventing future health issues. He also pointed out that most hospitals function as "sick care" institutions, focusing on treating illnesses rather than promoting health. To truly prioritize health, it is vital to engage communities, promote preventive care, and educate people on healthy living. By focusing on preventive healthcare, fostering trust, encouraging research, and investing in human resource development, India can realize its vision of a "Swasth Bharat" and "Viksit Bharat."

Key Recommendations:

• Addressing Non-Communicable Diseases (NCDs):

NCDs account for 60% of the health burden, with every third Indian above 30 either diabetic, pre-diabetic, or hypertensive. Tackling this growing challenge requires a strong focus on preventive care alongside improved infrastructure and funding.

Improving Bed Penetration:

India's bed availability is only 1.4 per 1,000 people. While the private sector manages 70% of the tertiary care load, addressing this shortfall requires further collaboration and investment.

• Building Trust and Ethics in Healthcare:

Efforts are needed from both public and private sectors to improve healthcare credibility through standardized reporting of clinical outcomes and promoting transparency. Positive narratives about India's high-quality healthcare system should be shared to counteract negative media portrayals.

• Balancing Affordability and Quality:

India has demonstrated leadership in delivering cost-effective healthcare, but further cost reduction must not compromise quality. Addressing the high cost of infrastructure, especially in tier-1 and tier-2 cities, is essential for sustainability.

• Accelerating Technology Adoption:



India must invest in digital health technologies and establish a unified, portable healthcare data platform. Learning from countries like Indonesia, where limited human resources have driven faster adoption, can help accelerate progress.

• Focusing on Maternal and Child Health:

Interventions addressing maternal and child health should begin in the womb and extend through early childhood to ensure long-term health outcomes.

• Encouraging Research and Private Sector Collaboration:

Research is vital for innovation and progress. The government should continue to provide grants and offer incentives to private institutions to promote research and its application in clinical practice. Strengthened collaboration can significantly enhance healthcare outcomes.

• Developing Human Resources and Skilling:

Investing in human infrastructure is as critical as physical infrastructure. Focused skill development for doctors, nurses, allied health professionals, and healthcare managers is essential to address employability gaps and build a competent workforce for the healthcare sector's growth.

Expanding Quality Accreditation: Hospitals and Labs

Key Highlights:

- **Importance of Accreditation** Accreditation plays a central role in achieving quality healthcare in India and aligns with India's vision of *Swasth Bharat, Viksit Bharat,* fostering trust and quality in healthcare services to support national progress.
- Achievements in Accreditation- India has made significant strides in accreditation, with National Accreditation Board for Hospitals and Healthcare Providers (NABH) offering 28 programs that address hospitals, clinics, and labs. The release of the 6th edition of NABH standards, now available in 12 Indian languages, enhances accessibility and inclusivity. Similarly, National Accreditation Board for Testing and Calibration Laboratories (NABL) has expanded its efforts to accredit testing, calibration, and medical labs, ensuring India's competitiveness on a global scale.
- Challenges- Despite these achievements, major gaps persist in extending accreditation to smaller healthcare facilities, particularly in rural areas, which often face resource and awareness limitations. Additionally, the scarcity of trained professionals in Tier 2 and Tier 3 cities hinders the implementation and sustainability of standards. Public awareness about the benefits of accreditation also remains limited, further complicating efforts to achieve widespread adoption.
- Healthcare-Associated Infections (HAIs)- HAIs remain a significant challenge in India, contributing to over 1.5 million preventable deaths annually, with 70% of these



infections being avoidable. Solutions like continuous disinfection processes, no-touch technologies, and advanced air treatment systems, including activated oxygen, have been identified as critical tools to address this issue effectively.

 Role of Technology and Innovation- Innovative technologies such as molecular air treatment systems and autonomous disinfection tools hold transformative potential in healthcare. These advancements can drastically reduce HAIs, enhance patient safety, and improve overall healthcare outcomes by fostering cleaner and safer environments in healthcare facilities.

Key Recommendations:

- Strengthening Accreditation Framework- To improve the quality and safety of healthcare services, public awareness about the benefits of accreditation needs to be enhanced. Advocacy groups and strategic communication can educate patients on how standards like NABH and NABL in India lead to better outcomes and increased trust. Highlighting successful global practices, such as publishing healthcare outcomes, can further promote transparency. Financial incentives, particularly for small and medium healthcare facilities, can encourage compliance with entry-level accreditation standards. Building on models like the NQAS, non-penalizing incentives can motivate facilities. A unified "One Nation, One Standard" framework, developed through collaboration between NABH and NQAS, can streamline guidelines and simplify adoption.
- **Building Capacity** Quality management principles should be integrated into medical education from the outset. This includes teaching students how to track outcomes, audit practices, and incorporate quality concepts into their learning. Training programs should address the shortage of skilled professionals in Tier 2 and Tier 3 cities through partnerships with state governments and industry. Additionally, empowering patients through advocacy groups and publishing hospital outcomes and infection control metrics can improve accountability and enable informed healthcare decisions.
- Combating Healthcare-Associated Infections (HAIs)- Shifting focus to outcome-based standards for infection control, rather than merely process compliance, is critical. Preventive measures like hand hygiene and infection reporting must be emphasized. Continuous disinfection processes should replace traditional scheduled cleaning, leveraging advanced technologies such as molecular air treatment systems and notouch sanitation solutions. These innovations can help reduce contamination risks, employee absenteeism, and patient mortality caused by HAIs.
- Fostering Collaboration- Sustainable quality systems require partnerships between regulators, hospitals, and technology providers, particularly for district-level facilities. Collaboration should align stakeholders' understanding of accreditation as a shared goal rather than an additional burden. Basic, cost-effective systems should be established before advancing to more sophisticated technologies like AI to ensure foundational quality is achieved.
- **Simplification and Accessibility** Accreditation standards should be simplified using tools like video tutorials, standardized templates, and implementation guides (e.g., the



"Mitra" project). Entry-level accreditation standards can help smaller healthcare facilities, especially in rural and resource-constrained areas, participate in quality initiatives. Over time, these basic standards can scale up to full NABH accreditation, making quality healthcare accessible across all regions.

Health Equity in Action: Leveraging Innovative Diagnostics Solutions for All

The healthcare industry has been undergoing substantial changes with a focus on technology integration and patient centricity. Diagnostics is an integral part of the healthcare continuum right from early detection to the effective management of diseases. The diagnostic industry has been experiencing profound systemic changes as the 2010s digital boom led to introduction of various new technological developments which fundamentally changed the nature of the industry. As the processes within the industry have increasingly adopted digital means, numerous concerns around accessibility, affordability, data privacy and consent and sustainability, among others become pivotal.

FICCI and BDO India released a paper titled **'Expanding the Reach of Diagnostics: The Digital Advantage'.** The paper provides maps the landscape of the current state of the diagnostic industry in India, outlines the role of technological advancements in shaping the way forward by noting the emerging trends and challenges and provides recommendations that may aid in expanding the reach of diagnostic services.

The panel comprised of experts from the diagnostic industry discussed the benefits of integrating technological innovations to ensure real-time health monitoring. Issues around accessibility, affordability, widespread adoption, and government initiatives such as Ayushman Bharat Health Accounts to enable wider accessibility to diagnostics were discussed.

The innovations discussed in the panel discussion as well as the paper are to a large extent sustainable i.e. these are system driven rather than person driven. Which is to say they favour the probability of surviving in the long run. However sustainable solutions must also be financially viable for all. In that regard there is a gap between providers, payers and policy makers which needs to be looked at carefully in a cohesive, transparent and open manner.

Key Highlights:

Role of Remote diagnostics (Teleradiology and telepathology) in achieving universal health coverage

- In tier 2/ tier 3 cities there is a shortage of trained personnel. Moreover, expert opinion may be required at times when specialists are not available. Digital innovations help in making timely diagnosis and thereby ensuring timely interventions. Tele-reporting is also an extremely helpful innovation.
- These advancements are extremely helpful in remote areas where scans can be done by a para-medical staff without technical staff being physically present, as the



machines become learned. As a result, these innovations assist in maintaining costeffectiveness as they allow the technical expert, radiologist or pathologist to not be physically present in the location to report a case.

• Slide scanners, telepathology, virtual ways of sending images and getting expert opinions, PAC system, image viewers etc. add value to the diagnosis and patient. These innovations strengthen the patient centricity within the diagnostic journey.

Risks and opportunities for diagnostic companies in new age of digital tools

- The peak of AI/ML usage in diagnostics will actualize in another 5-10 years. While the
 journey of incorporating and utilizing these tools to optimise output has just begun,
 substantial amount of data is required to support the analysis being undertaken for it
 to be truly useful and undertake predictive analysis. Currently we are feeding the
 algorithms that study a large data set to predict trends. These softwares will become
 useful when algorithms can write themselves given that there is enough data that has
 been studied to diagnose or predict an illness before it can manifest fully.
- The prolific rate at which digital advancements, especially AI/ML, are being incorporated within systems in the diagnostic industry requires every player involved to adopt these technologies as soon as possible. This includes making provisions for:
 - Recognising a single patient as the same individual regardless of their geography
 - Standardising their data in a format
 - Storing the data safely
 - Ensuring compatibility in all systems such as LMIS, HMIS
 - Standardising reference ranges in different tests etc.

Stakeholders run the risk of getting left behind if these technological advancements aren't adopted.

 AI/ML and associated tools and the data required for them can be easily gathered from larger chains which function in metro cities however undertaking this exercise in smaller towns is difficult given the unorganised nature of these labs. In order to bring smaller labs into the fold and ensure standardisation across the board, accreditation of labs may be of assistance; Percolation of NABL along with lowering the costs of accreditation might be helpful.

Ethical implications of using technology and digital tools in diagnostics

- Regulations play an extremely important role in defining boundaries. Regulatory landscape must attend to the need of the hour and address concerns around data confidentiality, storage, sharing and privacy.
- Measures such as ABDM that provide the option to patients to select who they want to share data with and for what duration can be a useful tool to build confidence in patient when they share data.



Regulatory concerns

 There is a mismatch between what regulations require and the manner in which the systems within diagnostic industry operate. There are pragmatic challenges that the industry grapples with which can be addressed to some extent with the digital innovations that are being increasingly adopted, particularly through remote diagnostics and supervision of AI/ML incorporation.

"There are 300,000 labs and 6,000 pathologists in the country. Moreover, regulations require a lab to be run by a doctor."

-**Dr Om P Manchanda**, Chair, FICCI Diagnostics Task Force and Managing Director, Dr Lal PathLabs.

- Current regulatory framework does not permit the use of these technologies and
- innovations to be used at a larger scale. They must be updated to take account of these innovations and their usefulness in addressing the current challenges within the system. Cumulatively updated regulations and digital literacy will form the foundation of large-scale use of such innovations.

ABDM and data concerns

- The government envisions an ecosystem wherein everything is connected- ABHA, HFR, HPR. It will be a registry in which all hospitals, labs and doctors are verified.
- The vision of ABDM is to have all digital health records such as test reports and prescription that are available but scattered i.e. need to be put in a place and maintained, to be collated in one place which is easily accessible and retrievable by the patient.
- As the Digital Personal Data Protection (DPDP) rules are being implemented, any digital data needs to be protected with consent management at its centre. Given that the diagnostic journey involves numerous players and a disjointed value chain, data protection requires attention going forward. ABDM can be of assistance for healthcare providers to manage consent and provide an avenue for seamless data sharing.
- Similar to UPI transactions without RBI knowing the details of each transaction due to the protocols in place, ABDM will offer a standardised format (machine readable data) and collation of data from multiple places to ensure seamless sharing of data, with the consent of the patient.



"We are not trying to create a central repository of data. Diagnostic industry creates a lot of digital data, but protection of that data is essential. Through ABDM we are trying to create accessibility of data by the patient."

"When ABDM started we laid a lot of emphasis on data confidentiality and control of the data. Labs and hospitals generate a lot of data however there is a tendency that it is 'our' data because we are generating it, but it is not your data- the data belongs to the patient, and you are the custodians of the data. This has always been our philosophy"

-**Mr Narendra Singh**, Lead- Adoption of Ayushman Bharat Digital Health Mission (ABDM), National Health Authority (NHA), Government of India



Key Recommendations:

- Strengthen remote diagnostics to bridge accessibility gaps: Expand the implementation of tele-reporting systems and virtual consultations to enable access to expert opinions in underserved areas. These include adopting teleradiology and telepathology at large-scale to enhance accessibility and reach underserved areas.
- Assist in integration of AI/ML: Focus on data collection and standardization by establishing mechanisms for collecting large, standardized datasets to support AI/ML advancements and improve diagnostic accuracy. Building digital literacy in general public, healthcare professionals and technicians can ensure effective implementation of AI/ML tools.
- **Update regulatory framework**: By revising existing policies such that they are abreast with industry advancements various challenges can be addressed effectively. These include:
 - Making provisions to accommodate innovations like AI/ML, remote diagnostics, and digital health tools.
 - Lowering the costs and complexity of NABL accreditation to encourage smaller labs to comply with quality standards.
 - Ensuring data protection by aligning regulatory requirements with emerging data protection laws, including Digital Personal Data Protection (DPDP) rules, to address concerns around privacy and consent.
 - Foster patient trust through transparency and clearly communicating how diagnostic data is stored, used, and shared.
- Expand Adoption of ABDM (Ayushman Bharat Digital Mission): Incentivising labs and hospitals to become ABDM compliant will assist in creating a unified, patient-owned health record system that enables seamless and secure data sharing across stakeholders. To ensure deeper penetration of ABDM network financial and technical incentives can be provided for smaller diagnostic centers to adopt ABDM-compliant systems.

Digitization of healthcare, democratization of AI- Where are we heading?

Artificial Intelligence (AI) is revolutionizing digital healthcare by enhancing diagnostics, personalizing treatment, and improving healthcare delivery systems. AI-powered tools enable faster and more accurate disease detection through medical imaging analysis and predictive analytics, allowing early intervention and better patient outcomes. Personalized medicine benefits from AI's ability to analyze genetic and lifestyle data, tailoring treatments to individual needs. In drug discovery, AI accelerates the identification of potential therapies, reducing costs and development time. It also enhances telemedicine by providing diagnostic support and



integrates with wearable devices for real-time health monitoring. Furthermore, AI improves operational efficiency by automating administrative tasks, optimizing resource allocation, and supporting mental health care through accessible, virtual tools. Despite challenges like data privacy, algorithmic bias, and integration with existing systems, the prospects of AI in healthcare are immense, promising more accessible, affordable, and precise medical services for all.

The discussion focuses on the digitization of healthcare and the responsible implementation of AI. Esteemed speakers share insights on AI's transformative role in healthcare, emphasizing the need for robust data infrastructure, education, and collaboration. They explore AI applications in patient care, robotic surgery, and the importance of trust and governance in AI deployment.

Key Highlights:

- **Responsible AI Integration** AI adoption in healthcare demands a responsible approach to ensure safety, efficacy, and trust. It plays a transformative role in proactive and preventative care by leveraging AI-driven models to predict health crises, such as extreme weather-related patient needs, and offering personalized recommendations to enhance population health outcomes. AI also enables personalization by analyzing patient-specific data, which helps tailor treatments to individual needs, thereby improving care quality and reducing errors. Furthermore, collaborative frameworks like the Trusted and Responsible AI Network (TRAIN) in Europe underscore the need for ethical AI standards, emphasizing the importance of global ecosystems in fostering responsible innovation.
- Workforce Challenges and Efficiency- AI addresses workforce challenges in healthcare by mitigating shortages, such as nursing deficits, through task automation and support tools like chatbots. By automating administrative tasks, AI can save up to 10% of workforce resources, enabling healthcare providers to focus more on patient care. In mental health, AI helps bridge the gap in professional availability by facilitating efficient diagnosis and therapy suggestions, thereby alleviating workforce strain and improving patient outcomes.
- Diagnostics and Treatment Enhancement- AI significantly enhances diagnostic accuracy, achieving up to 98% precision in controlled settings, although its performance varies across institutions due to demographic and equipment differences. Innovations such as AI platforms for radiologists enable localized algorithm testing, ensuring precision and reliability. With over 900 FDA-approved AI algorithms available, these tools are transforming diagnostics. AI also contributes to post-surgical care by providing tailored recovery and physiotherapy recommendations, empowering patients to actively participate in their health journeys.
- Advancements in Robotic-Assisted Surgery- Al-integrated robotic systems are revolutionizing surgical procedures by enhancing surgeons' dexterity, vision, and precision, which leads to improved patient outcomes. Surgeons can also leverage objective performance indicators to benchmark and enhance their skills. Globally, countries like China demonstrate the scalability of robotic-assisted surgeries, performing significantly higher volumes annually, which highlights the potential for operational efficiency to scale healthcare innovations.



- Data Infrastructure and Governance- A robust data infrastructure is critical for the success of AI in healthcare. Although India generates vast amounts of health data, much of it remains underutilized due to fragmentation. Streamlining data across public and private sectors can position India as a global leader in AI innovation. Additionally, effective data governance frameworks, emphasizing transparency and trust, are crucial for successful AI adoption in clinical settings and ensuring data security.
- Regulatory Frameworks and Model Validation- Clear regulatory frameworks are essential for the safe and effective adoption of AI in healthcare. India's FDA-approved AI deployment systems provide a benchmark for standardization. The variability in practices among pathologists and oncologists highlights the necessity for consistent AI evaluation criteria. Rigorous validation processes are critical to addressing clinicians' concerns about the accuracy and safety of AI models, thereby ensuring their reliability and acceptance.
- Personalized Medicine and Digital Twins- Digital twins hold great promise for precision medicine by simulating patient-specific scenarios to optimize care delivery. However, challenges persist in integrating comprehensive data sets, including genotypic and environmental factors. Pilot projects can help address these gaps and advance proactive healthcare delivery, transforming the traditional reactive approach into a preventative one.
- Global Trends and Collaboration- India's expertise in IT services uniquely positions it to lead AI innovation in healthcare. Collaborative initiatives, such as TRAIN and the Nvidia AI Summit, highlight the potential of partnerships in advancing technology. Startups are driving innovation by focusing on exporting intelligence rather than just data, showcasing India's capability as a global AI hub. Standardized global regulations and cross-border frameworks can further accelerate AI adoption while ensuring safety and ethical practices.
- Education, Trust, and Engagement- Educating medical professionals on effectively using AI is essential for building trust and confidence in the technology. Simplifying radiology reports and fostering direct communication between patients and radiologists enhance understanding and compliance. The inclusion of multilingual platforms ensures inclusivity, allowing diverse populations to access healthcare in their preferred languages, thus expanding AI's reach and impact.
- The Future of AI in Healthcare- AI adoption represents a paradigm shift from analog and digital systems to intelligent solutions, enhancing productivity and standardizing care. Startups focusing on AI solutions underscore the potential for sustainable innovation in healthcare. While AI's transformative potential is immense, challenges such as model selection and data quality must be addressed to ensure equitable and effective implementation across diverse healthcare systems.

Key Recommendations:

- Promote Responsible AI Frameworks
 - Establishing responsible AI frameworks is crucial for guiding AI adoption in healthcare while ensuring patient safety, data privacy, and ethical decision-making. This involves setting clear ethical standards that prioritize human well-being and fairness, avoiding biases in algorithms, and ensuring transparency in AI processes. Collaborative networks should be created between governments, healthcare organizations, technology providers, and regulatory bodies to foster knowledge-sharing, set industry



benchmarks, and build public trust in AI solutions. This will help align AI developments with broader societal values and medical ethics, ensuring that AI applications in healthcare support equitable, accessible, and high-quality care for all.

• Strengthen Data Infrastructure

A robust, integrated data infrastructure is vital to harness the full potential of AI in healthcare. Currently, many healthcare systems, especially in developing countries like India, face challenges related to fragmented data systems and insufficient interoperability between public and private health records. Strengthening this infrastructure involves creating secure, standardized platforms for patient data, allowing for seamless data exchange and analysis. Data needs to be organized and digitized efficiently to enable AI algorithms to function at their best. For India, this means investing in large-scale electronic health record (EHR) systems, ensuring privacy and security compliance, and promoting national data-sharing initiatives that facilitate both patient care and AI-driven research.

Focus on Workforce Integration

Al has the potential to ease the burden on healthcare workers, particularly in addressing workforce shortages, by automating repetitive tasks such as data entry, appointment scheduling, and patient triaging. By doing so, it allows healthcare professionals to focus on more complex, critical areas of patient care. For instance, Alpowered chatbots and virtual assistants can help with pre-screening and administrative tasks, freeing up valuable time for medical staff. Integrating AI into healthcare systems will also involve training workers to work alongside AI technologies, ensuring smooth collaboration between humans and machines and fostering a new skill set within the workforce. This approach will not only optimize healthcare delivery but also help maintain high standards of care despite workforce constraints.

Encourage Localized AI Validation

Al solutions need to be validated and customized for different healthcare environments to ensure they are effective in diverse settings. Healthcare systems in various regions may have differing demographic profiles, medical practices, infrastructure, and technological capabilities. Localized validation involves testing AI models in specific contexts—such as urban vs rural settings, or across different specialties like radiology or oncology—taking into account local practices, patient needs, and technological limitations. Customizing AI applications to these local conditions will ensure higher accuracy, improved patient outcomes, and greater acceptance among healthcare professionals. Collaborative pilot projects and regional AI testing hubs could facilitate these efforts.

Invest in Personalized Medicine

Al-powered technologies like digital twins are revolutionizing personalized medicine by creating virtual replicas of patients that simulate different medical scenarios. This approach can be used for tailoring individual treatment plans based on a patient's specific health history, genetic makeup, lifestyle factors, and environmental influences.



India and other countries with large and diverse populations stand to benefit from such innovations. For example, AI can predict which treatments are likely to be most effective for specific subgroups of patients, allowing for more precise interventions. Investment in AI-driven personalized medicine platforms should focus on integrating genetic and environmental data with healthcare systems, enabling proactive and preventative care that is uniquely suited to each patient.

Support Regulatory Evolution

For AI to be adopted at scale in healthcare, national regulations must evolve to accommodate new technologies while maintaining patient safety. This involves updating medical device regulations, data protection laws, and clinical trial frameworks to address AI's specific challenges, such as data governance, algorithm transparency, and bias mitigation. At the same time, these regulations should be aligned with global standards to ensure that AI applications can be scaled across borders. For example, India could build on existing frameworks like the Medical Device Rules 2017 and the National Digital Health Blueprint to create a more robust regulatory environment for AI solutions. These regulations should also promote innovation while ensuring rigorous validation processes and compliance with international best practices to enhance trust in AI technologies.

Enhance Patient Engagement

One of Al's key roles in healthcare is improving patient engagement by making healthcare information more accessible and understandable. Simplifying medical jargon, translating complex medical reports into plain language, and using AI-driven tools for personalized communication can help patients make informed decisions about their care. Multilingual platforms can cater to India's diverse population, allowing patients to receive healthcare information in their preferred language, enhancing understanding and adherence to care plans. Additionally, AI platforms that provide patients with real-time updates on their condition, treatment options, and recovery progress can empower individuals to actively participate in their health management, leading to better outcomes and satisfaction.

• Expand Global Partnerships

Global collaboration is essential for accelerating the development and deployment of AI in healthcare. By working together, countries can share knowledge, resources, and best practices, creating a more efficient and inclusive healthcare ecosystem. For instance, public-private partnerships foster innovation by connecting AI researchers, healthcare providers, and technology developers to co-create solutions. India can benefit from these collaborations by building partnerships with leading global AI developers, academic institutions, and healthcare organizations to foster research and innovation. Additionally, aligning AI regulatory frameworks across countries can enable smoother integration of cross-border solutions, facilitating the global scaling of successful AI healthcare applications.

Al offers transformative potential across the healthcare continuum, from diagnostics and treatment to patient engagement and operational efficiency. However, its implementation



must be guided by robust frameworks, comprehensive data integration, and strategic pilot projects to maximize impact while minimizing risks. By addressing these areas, healthcare systems worldwide can embrace AI responsibly and equitably, paving the way for a healthier future.

Enhancing operating effectiveness- driving high-quality and cost-effective last mile care to Tier 1 cities and beyond

The healthcare market, currently valued at INR 3,000–3,500 crore, is expected to grow to around INR 1 lakh crore at a CAGR of 12%, significantly outpacing GDP growth. Over the past 6-7 years, healthcare has attracted \$13 billion in private equity investments. Share of healthcare in private equity inflows grew from 2% pre-COVID to 13% in 2024, surpassing pharmaceuticals industry.

Tier 1 and Tier 2 cities are poised for rapid expansion, driven by increase in middle-class penetration, rising awareness and growth of private healthcare insurance. Middle class, currently 30% of the country's population, will grow to 45% of the population in the next 5–7 years, fuelling healthcare demand. Private insurance penetration has risen by 10 crore people in last 5 years reaching the penetration of 17-18% currently and is expected to grow to around 25% in next 3–5 years.

The session emphasized the importance of bridging gaps in healthcare access, particularly in underserved regions, through operational efficiencies and value-based models. Delivering the same profitability in non-metro hospitals requires meticulous attention to cost factors like drugs and consumables, manpower cost, equipment, capital expenditure and other operational efficiencies. Emphasis should be on cost-effective, value-based healthcare models for sustainable transformation. Addressing last-mile healthcare has to be done through innovative and inclusive private sector models.

The panel discussion set the stage for exploring scalable frameworks to drive high-quality, cost-effective healthcare in Tier 1 and Tier 2 cities.

Key Recommendations:

 The Average Revenue Per Occupied Bed (ARPOB) for hospital chains in Tier 2 and Tier 3 cities is typically 40-50% lower than metro cities, both driven by lower proportion of affording and insured population and higher share of patients covered by government schemes. With Ayushman Bharat, share of state-sponsored patients increased 3x from 10-12% two decades back. On the other hand, government schemes offer 30-60% realisation as compared to self paying and insured patients. With pressure on realisations and escalating costs of healthcare delivery, strategies hospitals are implementing to drive operational efficiency are as follows :



- **Operational Efficiency:** Standardize processes, enforce compliance management, and minimize material wastage to achieve 25–30% cost savings. Leverage kitting and demand management for specialty packages to reduce costs by 30–50%.
- Enhance Revenue Cycle Management: Streamline credit and claims processes for insurance, Ayushman Bharat, and other government or corporate schemes. Establish robust systems for timely bill submissions, query resolution, and receivables tracking to avoid revenue leakage and optimize working capital.
- Leverage Technology to Drive Growth and Efficiency: Invest in technology to track costs, manage compliance, and identify leakages in real time. Use digital platforms to enhance patient engagement, from awareness to post-therapy care, ensuring retention and satisfaction.
- **Centralized Purchasing Power**: Aggregating purchases across multiple hospitals drives efficiencies and ensures quality at scale. Bulk buying of consumables and generics further reduces costs.
- **CapEx Reduction:** Limit cost per bed to INR 50–70 lakh (vs. INR 1–2 crore in metros) through efficient design and frugal medical technology.
- 2. Capacity expansion in Tier 2/3 cities: India current stands at 1.3 Beds / 1000 against the target of 2 Beds / 1000. However, the larger issue is inequity of infrastructure with many states <1 bed / 1000 Bihar 0.7, Chhattisgarh 0.8, MP 0.9, Orissa 0.8, UP 0.9. By 2030, if India aspires for UHC (with expansion of AB to cover 65% of population) we will need around 9 lac additional beds i.e. 1.7-1.8 beds / 1000 to meet the unleashed demand. At the same time, it is also important to ensure equitable generation and distribution of this capacity in under-served states and districts through targeted incentives, PPP and viability gap funding. Hence there is imminent need for government intervention to incentivize hospital operators to invest in Tier 2/3 cities which could go a long way in improving accessibility of quality healthcare in these places.</p>
- 3. **Expanding Access Through Technology:** Technology can help in democratize health in the Tier 1 and Tier 2 cities. Technology-enabled solutions and tailored inclusion models are critical for expanding access to universal healthcare.
 - Streamline healthcare accessibility and patient journeys via **integrated digital channels like apps, portals, chatbots, etc**
 - **Telemedicine Expansion** can push beyond face-to-face consultations, creating a seamless virtual healthcare ecosystem.
 - GenAI-powered insights ensure meaningful and consistent communication between care coordinators and patients, improving service quality by up to 15%.
 - Last but not the least **encourage adoption of ABDM** will increase interoperability of personal health records for faster and efficient care delivery.



- 4. Attracting skilled manpower and clinicians to Tier 2/3 cities: Incentivizing doctors to work in smaller towns by offering tax breaks, professional growth opportunities, and community-driven roles can address the talent gap outside metro cities.
- 5. The need for quality, accessible, and affordable healthcare is pronounced. This involves not only building infrastructure but also **developing trust and awareness within the community.**
 - Awareness can be built by engaging communities with preventive healthcare initiatives, incentivizing regular checkups, and leveraging government support for primary care can significantly enhance early access to medical services
 - Awareness campaigns to educate the population about health insurance and its benefits, especially in smaller towns, will increase access to quality healthcare.
- 6. Innovative Public Private collaboration models: Collaboration between private players and the government to manage PHCs and secondary care facilities can improve healthcare delivery in underserved areas. Policymakers need to ensure trust for long term viability and adequate funding for these partnerships.
- 7. Healthcare in India is not just under accessed but underutilized also. Utilizing underutilized infrastructure (e.g., hospital beds) and latent capacities through capacity aggregation and digital-first care management approach can be a scalable way to address demand without significant new capital investment.
- 8. Legacy hospitals face greater challenges due to ingrained practices but can achieve significant results with cultural shifts. Embedding empathy and transparency in organizational values and commitment to patient welfare helps maintain organizational integrity, fostering long-term trust with communities and employees.

Navigating the Legal Landscape: Key Challenges for Hospitals in India

The healthcare landscape in India is undergoing rapid transformation, driven by factors such as technological advancements, changing demographics, and evolving patient expectations. This dynamic environment presents hospitals with a complex array of legal challenges that they must navigate to ensure both compliance and quality care.

Hospitals now find themselves navigating an intricate web of regulations at both the national and state levels. These include laws governing medical practice, patient rights, data protection, and environmental standards. The legal framework is further complicated by the coexistence of traditional and modern medical practices in India.



This multifaceted legal environment requires hospitals to be proactive, adaptable, and wellinformed about their legal obligations and potential risks. The session focused on understanding and addressing these challenges, which are essential for hospitals to provide high-quality care while protecting themselves from legal liabilities.

The rise of telemedicine, AI-driven diagnostics, and electronic health records (EHR) is redefining care delivery. However, these innovations introduce legal challenges, such as data privacy, cybersecurity risks, and compliance with telehealth guidelines.

Further, with a growing and aging population, the demand for accessible, high-quality healthcare is increasing, as are expectations around patient rights and safety. Patients expect transparent billing, timely care, and empathetic communication and failure to meet these expectations often results in conflicts and legal action.

Key Highlights:

1. Regulatory Overload

Indian Doctors need to comply with over 90 laws, acts, and regulations. These include obtaining more than 54 permissions to start practice and facing scrutiny from more than 12 forums, such as consumer courts, criminal courts, the National Medical Commission (NMC), and the Human Rights Commission.

- **Consumer Protection Act (CPA)**: Medical services fall under the CPA, holding hospitals and doctors accountable for perceived negligence.
- **Clinical Establishments Act**: Only 11 states have implemented this, creating inconsistencies in regulatory compliance nationwide.

2. Medical Negligence and Litigation

India has seen a sharp rise in medical malpractice cases, with hospitals facing litigation for both criminal and civil negligence.

- Legal frameworks like Section 304A of the IPC (death by negligence) and Section 106 of the BNS (specific to medical negligence) pose risks of imprisonment and heavy fines for doctors.
- Violent outbursts by patients' families often follow adverse outcomes, highlighting societal mistrust.

3. Violence Against Healthcare Providers

Every 30 minutes in India, either a doctor is assaulted, or a healthcare facility is vandalized due to lack of trust in the medical system and perceived negligence, mob violence fuelled by social media and inadequate enforcement of laws protecting healthcare workers.

4. Data Protection and Cybersecurity



The increasing reliance on technology introduces risks of data breaches. Hospitals often lack robust data security measures, which is critical for protecting sensitive patient information under frameworks like the proposed Data Protection Act.

5. Ethical and Legal Dilemmas in End-of-Life Care

The complexities of withdrawing life support require adherence to guidelines under:

- Regulation 6.7 of the Medical Council of India (brain death protocols).
- Common Cause Case (Supreme Court judgment on advanced directives or living wills). The need for family consent and documentation adds layers of ethical and legal challenges.

6. Coexistence of Traditional and Modern Medicine

The integration of Ayurveda and homeopathy with allopathy under one regulatory system creates overlapping legalities and compliance challenges.

Key Recommendations:

Enhancing Communication and Empathy in Healthcare:

Doctors and hospitals should improve communication with patients and their families, especially during critical moments like a patient's death. Proper handholding, compassion and empathy can prevent conflicts and reduce dissatisfaction.

• Training and Awareness:

Medical colleges and hospitals should emphasize training of healthcare professionals on medical ethics, patient rights, handling issues and legal procedures such as obtaining informed consent and managing medical negligence cases. Legal advisory teams can be formed to guide day-to-day operations.

Documentation and Transparency:

Detailed and accurate documentation of medical procedures, patient interactions, and informed consent is crucial. It provides protection in legal disputes and helps maintain trust with patients.

• Security Measures in Healthcare Facilities:

Hospitals need robust security audits and systems, including surveillance, trained security personnel and coordination with local police including beat patrolling and preventive policing. Preventive measures can protect doctors, staff, and assets from violence. Also, there is need for adequate safety measures and proper utilisation of government funds to ensure the safety of women healthcare professionals in hospitals.

Addressing Violence Against Healthcare Workers:



There is need for strict enforcement of laws to deter violence against doctors and hospitals. Organized violence should be tackled with strong legal and societal measures.

• Specialized Tribunals for Medical Negligence Cases:

Doctors should not be tried under the Consumers Act. The existing consumer protection commissions are not equipped to handle medical negligence cases effectively. There is need for establishing specialized Medical Tribunals with experts in law and medicine to assist in fair adjudication of these cases.

• Regulating End-of-Life Care:

Clear guidelines and protocols for end-of-life decisions, including withdrawing life support, should involve family consent, ethical oversight, proper documentation and advanced medical directives and consultations with specialists.

• Use of Social Media and Data Privacy:

Hospitals and healthcare professionals must address issues like trolling, false reviews, and data breaches. Legal mechanisms like gag orders and enhanced cybersecurity can mitigate these risks.

Judicial Reforms:

To address delays in legal proceedings, there is a need for an increased judge-to-population ratio, streamlined case management, and fast-tracking of medical negligence and violence cases.

Accountability Across Sectors:

Beyond healthcare, there is a need for political accountability and systemic reforms to improve trust and functionality within the healthcare and legal systems.

• Leveraging Technology:

Hospitals should use digital tools to manage compliance, monitor quality, and ensure secure data management. Telemedicine platforms should be created which comply with telehealth guidelines to expand access while managing risks.

The session emphasized the critical need for hospitals to stay informed and proactive. A clear understanding of legal obligations and associated risks enables hospitals to avoid liabilities while ensuring ethical and high-quality care. Hospitals need to adopt a multi-pronged approach to legal compliance and risk mitigation. By focusing on training, infrastructure, patient trust, and data security, hospitals can navigate the legal complexities effectively while prioritizing quality care. Moreover, collaboration between healthcare providers, legal experts, and policymakers is crucial for addressing systemic challenges and fostering a safer and more efficient healthcare environment.



Plenary Session- From Policy to Practice: Advancing Primary Healthcare in India

The session "From Policy to Practice: Advancing Primary Healthcare in India," delved into the transformative potential of primary healthcare to strengthen India's healthcare system. It highlighted the progress made under Ayushman Bharat Health and Wellness Centers (HWCs, now also known as Ayushman Arogya Mandir/AAM) and the challenges faced in translating policies into actionable outcomes. The session brought together a distinguished panel of experts, including policymakers, healthcare administrators, technologists, and industry leaders, to explore solutions for improving access, affordability, and quality of primary healthcare.

The discussions traced the evolution of India's healthcare policy landscape, from the launch of the National Rural Health Mission (NRHM) in 2005 to the National Health Mission (NHM) in 2013 and the National Health Policy in 2017. The focus has progressively shifted towards preventive, promotive, and curative healthcare, with two-thirds of health expenditure now earmarked for primary healthcare.

The session also explored how HWCs have become critical nodes for delivering comprehensive primary healthcare, with an expanded package of services comprising Non-Communicable Diseases (NCDs), maternal and child health, mental health, Oral, Eye, ENT care and emergency services. While there are now over 170,000 functional HWCs, significant gaps remain in infrastructure, skilled workforce, diagnostics, and community engagement. The dialogue emphasized leveraging public-private partnerships and technological innovations to address these challenges.



Mr Partha Sarthi Sen Sharma, Principal Secretary of Health, Uttar Pradesh, highlighted the operationalisation and impact of 21,000 Ayushman RRT members in the state; and stressed the need for collaboration and tech-driven solutions like tele-diagnostics to overcome challenges.



Mr. Rajib Kumar Sen, Senior Adviser at NITI Aayog, highlighted the need to quality prioritize in healthcare: "Accessibility is important, but improving quality through private innovation sector state and collaboration is key to sustainable healthcare solutions."



Key Highlights:

1. Evolution and Strategic Importance of Primary Healthcare

- The National Rural Health Mission (2005) marked the beginning of structured interventions aimed at accessibility, affordability, and quality. This was followed by the NHM (2013), which extended these commitments to urban areas.
- The National Health Policy 2017 redefined health as not only treatment but also preventive and promotive measures. This included population-level screening, lifestyle disease management, and the shift towards comprehensive care via HWCs.
- Ayushman Bharat, launched in 2018, integrated HWCs as pivotal units for universal health coverage. These centers were designed to serve as the first point of care for rural and urban populations, providing a broad range of services, including screenings for hypertension, diabetes, and cancer.

2. Operational Achievements and Challenges

• Achievements:

- 1.7 lakh HWCs have been operationalized, surpassing the initial target of 1.5 lakh.
- Expanded service packages include screenings for NCDs, specialty care such as ophthalmology and ENT, and mental health support.
- Integration of telemedicine and digital tools such as the Drug and Vaccine Distribution Management System (DVDMS) has enhanced service delivery.

• Challenges:

- Persistent shortages in infrastructure, including diagnostic equipment and essential drugs.
- Limited availability of trained primary healthcare workers, with recruitment challenges and skill gaps.
- Low level of awareness and utilisation of preventive and primary healthcare services, especially among rural populations.
- Underutilization of urban HWCs due to lack of trust and the preference for tertiary care facilities.

3. Innovative Solutions and Technological Integration

• Telemedicine and Digital Tools:

- Teleconsultation services are being integrated into HWCs, enabling CHOs to connect patients with general physicians and specialists at higher care levels.
- Monitoring tools such as geotagged attendance systems ensure accountability and operational efficiency.

• Community Outreach:

• Awareness campaigns and health camps at village level have been instrumental in increasing HWC utilization.



4. Public-Private Partnerships

• Collaboration with the private sector

- The Government sought partnership from private sector in the form of NGOs, CSR and Philanthropic Foundations, civil society organisations, etc. in the running of the HWCs, during the announcement of Ayushman Bharat in 2018.
- FICCI, along with NATHEALTH and OMAG, started a health industry-wide movement on improving primary healthcare to partner with State Governments and work with select HWCs at the grassroots level to develop them into demonstration models of 'Smart HWCs'.
- The first Memorandum of Understanding (MoU) was signed between NHM UP and FICCI (representing FICCI, NATHEALTH and OMAG) in January 2024 to implement the project in all HWCs of Sarojni Nagar block, Lucknow, UP, with a block saturation approach.

5. State-Level Innovations

- Uttar Pradesh:
 - With over 21,000 operational HWCs, UP is pioneering efforts in primary healthcare. Digital tools like attendance management systems and drug distribution platforms have improved monitoring and accountability.
 - Teleconsultations have scaled up significantly, with 75,000-80,000 consultations daily.

• Uttarakhand:

• Pilot on 'Smart HWCs' with ALVL Foundation (a philanthropic trust) in Almora district have demonstrated scalable models for diagnostics, cancer screenings, and hybrid training models.

Key Recommendations:

1. Capacity Building

• Training and Skill Development:

- Conduct regular, digital-enabled refresher training for CHOs and health workers.
 Platforms like ECHO and YouTube channels for continuous medical education can democratize access to learning.
- Expand task-shifting models to allow trained non-physician health workers to manage routine healthcare tasks, thereby relieving pressure on doctors.

2. Strengthening Preventive Healthcare

 Scale up AI-based diagnostic solutions for early detection of NCDs such as cancer, COPD, diabetes, and hypertension. For example, technologies like thermal imaging for breast cancer can revolutionize early-stage detection.



- Integrate population-level screening programs with comprehensive health data systems for real-time monitoring and follow-ups, ensuring continuity of care.
- Promote awareness about preventive healthcare through widespread campaigns in collaboration with local organizations.

3. Enhancing Digital Integration

- Expand telemedicine services by strengthening hub-and-spoke models, ensuring seamless connectivity between HWCs and higher referral centers.
- Develop unified Electronic Health Records (EHR) for all citizens, linked to Aadhaar, to create a seamless care continuum and reduce redundancies in treatment.
- Utilize big data analytics and AI for predictive health modelling for disease outbreak preparedness and optimization of resource allocation.

3. Policy Advocacy and CSR Realignment

- Advocate for uniform CSR investment across states to bridge regional disparities, with special emphasis on underserved regions such as Uttar Pradesh, Bihar, and the North-East.
- Develop clear frameworks for Health Technology Assessment (HTAs) to facilitate the adoption of innovative solutions by government agencies. This would include setting benchmarks for AI, IoT, and other emerging technologies.
- Establish platforms for continuous dialogue between policymakers and private sector representatives to streamline regulatory processes.

5. Urban Primary Healthcare Model

• Adapt rural HWC models for urban settings by addressing unique challenges such as higher population density and limited community linkages.

6. Improving Accessibility and Quality

- Ensure HWCs are equipped with adequate treatment facilities, including access to essential drugs and essential diagnostics.
- Implement rigorous quality assurance protocols to standardize care delivery across HWCs. This could include periodic audits and user feedback mechanisms.
- Promote quality accreditation of HWCs under NQAS and Kayakalp.

7. Data-Driven Healthcare

- Develop a unified digital health records system to integrate care delivery across HWCs, secondary, and tertiary facilities.
- Utilize AI and data analytics to monitor trends in disease prevalence, treatment adherence, and health outcomes at the community level.
- Strengthen surveillance systems to enable early detection of disease outbreaks and facilitate targeted interventions.



8. Expanding Public-Private Partnerships

- Encourage private sector participation in running of HWCs and investment in portable diagnostics, telemedicine hubs, and health promotion campaigns.
- Foster innovation hubs to pilot scalable solutions in collaboration with state governments. These hubs could focus on areas such as AI-driven diagnostics, workforce training, and health financing models.

9. Community Engagement and Trust Building

- Ensure Jan Arogya Samitis (JAS) actively participate in primary health and promote the utilisation of HWCs.
- Train ASHAs and CHOs in soft skills to build trust and foster long-term relationships with patients.

By addressing systemic gaps, leveraging technological innovations, and fostering collaborative frameworks, these recommendations aim to build a robust, accessible, and equitable primary healthcare system in India.

Medical Education – the Road Ahead

India, with a population of 1.38 billion, has approximately 4.6 million healthcare workers, including doctors, nurses, and midwives. Despite this, there is a significant shortfall of 1.5 million healthcare workers. Several factors contribute to the increasing demand for specialists and super specialists in India. The growing population necessitates more healthcare services, while rising insurance and healthcare coverage lead to higher demand. Additionally, the prevalence of chronic and lifestyle diseases requires specialized care, and India is becoming a hub for medical value travel, attracting international patients seeking specialized medical care. Furthermore, there is increasing awareness among the population about the benefits of specialized healthcare services.

Globally, several trends are reshaping medical education and healthcare. There is a shift from traditional, manmade healthcare to data-driven healthcare, necessitating updates in medical education to incorporate newer trends. Education is moving away from knowledge-based to competency-based models, and healthcare is transitioning from hospital-based to integrated community-driven care, promoting interdisciplinary collaboration. This integrative care approach emphasizes training nurses and general practitioners to alleviate the burden on specialists. The focus is also shifting from individual patient care to population health, with an emphasis on preventive care, requiring new skills and continuous learning. Addressing burnout and promoting resilience among healthcare workers is becoming increasingly important, and there is a growing emphasis on lifelong learning and micro-credentialing to keep up with rapid changes in healthcare.

To address the shortfall of healthcare workers, India needs to adopt a two-pronged approach. Strengthening primary and community care to act as gatekeepers, focusing on prevention and



early intervention, is crucial. Simultaneously, there is a need to train more specialists and super specialists to address the existing shortfall. Improving access to medical education and healthcare services in rural areas is essential to reduce geographical disparities. Investing in research and innovation in medical education will help India stay ahead of emerging healthcare challenges. Additionally, there should be a focus on geriatric care to address the needs of an aging population.

Regulatory and educational reforms are necessary to ensure high standards in medical education. Implementing and updating postgraduate (PG) and undergraduate (UG) medical education regulations will help maintain these standards. Developing and recognizing sub-specialties and smaller specialties through additional qualifications is also important. Ensuring qualified educators for new medical qualifications is crucial for the success of these reforms.



Dr Vijay Oza, Acting Chairman of NMC, emphasized that regulatory reforms in medical education are essential for developing healthcare professionals equipped to drive excellence and innovation in the face of future challenges.

Technological integration, such as leveraging digital and virtual education platforms for skill enhancement and continuous education, will play a significant role in addressing the diversity of medical education needs. Establishing skill centers across the country will further support this effort.

Quality assurance and management should be a priority, with regulatory bodies ensuring oversight and institutions maintaining high standards of education and patient care. Adopting a patient-centric approach with global accreditation and leadership will enhance the quality of healthcare services. Continuous quality improvement through clinical rotations and feedback mechanisms is essential. Ensuring accessibility and affordability of medical education and healthcare services across all socio-economic strata will promote diversity and inclusion. By addressing these areas, India can effectively tackle the shortfall of healthcare workers and improve the overall quality of healthcare services.

However, there are several areas where medical education in India has not worked effectively. The process of selection is problematic, as it is heavily based on marks and qualifying exams, particularly at the specialty and sub-specialty levels. This focus on rote learning and passing multiple-choice questions (MCQs) undermines the value of experience, expertise, research, and innovative ideas, leading to a loss of talent. Additionally, there is disproportionate attention to certain aspects of education, with a lack of comprehensive involvement of nursing and allied health services. India has failed to recognize and value the nursing profession adequately, resulting in a significant number of nurses working abroad. Furthermore, there are skewed priorities in healthcare delivery, with excellent care available in metropolitan areas but significant gaps in primary and secondary care. There is a critical need for increased attention to family medicine and general practitioners, as the current



number of family practitioners is far below the required levels. Addressing these logistic and delivery challenges is essential to bridge the disparities in healthcare access and equity across India.

Key Highlights:

- Healthcare Workforce and Shortfall: India, with its population of 1.38 billion, has approximately 4.6 million healthcare workers, including doctors, nurses, and midwives. However, there remains a significant shortfall of 1.5 million healthcare workers. The demand for specialists and super-specialists is rising due to factors such as a growing population, increasing healthcare and insurance coverage, and the prevalence of chronic and lifestyle diseases. Additionally, India's emergence as a hub for medical value travel attracts international patients seeking specialized care. Public awareness about the benefits of specialized healthcare services has further amplified this demand.
- Global Trends in Medical Education and Healthcare: The global landscape of medical education and healthcare is witnessing significant shifts. The focus is moving from traditional, manmade systems to data-driven healthcare, requiring updates in medical education to align with these trends. Competency-based education is replacing knowledge-based models, and integrated, community-driven care is emphasizing interdisciplinary collaboration. The healthcare focus is expanding from individual patient care to population health, with an emphasis on preventive care. Additionally, the increasing need to address burnout and promote resilience among healthcare workers highlights the importance of lifelong learning, micro-credentialing, and continuous professional development to keep pace with rapid advancements.
- Challenges in Medical Education: India faces challenges in its medical education system, starting with selection processes that overly emphasize marks and MCQbased exams, neglecting the value of experience, research, and innovation. Nursing and allied health professions remain under-recognized, resulting in significant migration of nurses to foreign countries. Healthcare delivery is concentrated in metropolitan areas, leading to gaps in primary and secondary care in rural regions. The shortage of family practitioners further exacerbates these disparities, underscoring the need for systemic reforms in medical education and healthcare delivery.

Key Recommendations:

• Addressing Healthcare Worker Shortages:

To address the workforce shortfall, India needs to strengthen primary and community care systems, which act as gatekeepers by focusing on prevention and early intervention. Simultaneously, efforts should be made to train more specialists and super-specialists to bridge the current gap. Improving access to medical education and healthcare services in rural areas is critical to ensuring equitable distribution of healthcare resources.



• Reforms in Medical Education:

Regulatory and educational reforms are necessary to ensure high standards in medical education. Updating undergraduate and postgraduate medical education regulations is essential for maintaining quality. Recognizing and developing sub-specialties through additional qualifications will address niche areas of need. Equally important is the availability of qualified educators for these new courses. Integrating technology, such as digital and virtual platforms, into medical education can help enhance skill development and ensure continuous learning.

• Investments in Infrastructure and Innovation:

Investments in skill centers across the country can strengthen training infrastructure. A dedicated focus on geriatric care is crucial to meet the needs of an aging population. Additionally, research and innovation in medical education must be prioritized to anticipate and address emerging healthcare challenges.

• Quality Assurance and Patient-Centric Approach:

Quality assurance should be a priority, with regulatory bodies ensuring stringent oversight and institutions maintaining high standards of education and patient care. A patient-centric approach, supported by global accreditation standards, can enhance healthcare quality. Continuous quality improvement mechanisms, such as clinical rotations and structured feedback systems, should be implemented. Accessibility and affordability of medical education and healthcare services must be prioritized to promote diversity and inclusion.

Balancing Healthcare Priorities:

Addressing disparities in healthcare delivery is critical, especially in rural areas where primary and secondary care services are inadequate. There is a pressing need to train and deploy more family practitioners to bridge these gaps and ensure equitable healthcare access for all.

• Recognition and Support for Allied Health Professionals:

The nursing and allied health sectors must be better integrated into the healthcare system. Recognizing their contributions and providing growth opportunities can help retain talent within the country. Supporting these professionals is vital for creating a robust and sustainable healthcare ecosystem.

By implementing these recommendations, India can address its healthcare workforce challenges, ensure equitable access to quality healthcare, and adapt to the evolving landscape of medical education and healthcare delivery.



Building Bridges of Trust: Strengthening India's Healthcare Ecosystem

In the face of an evolving healthcare landscape, trust serves as the cornerstone of effective, ethical medical practice. As India continues to make significant strides in medical technology and policy reforms, it becomes essential to prioritize transparency, accountability, and ethical conduct to safeguard patient rights and improve overall public health outcomes.

The session focused on identifying and addressing the challenges in maintaining integrity within the healthcare system, including combating fraud, enhancing regulatory frameworks, and fostering a culture of trust between healthcare providers, patients, and policymakers. The discussions also emphasized the importance of policy reforms and stakeholder collaboration in strengthening healthcare governance, improving patient safety, and ensuring equitable access to quality care.

During the session, the critical importance of trust in healthcare was emphasized as the foundation of the patient-doctor relationship and the broader healthcare ecosystem. Trust is the confidence patients have in healthcare providers' reliability, honesty, and integrity. Despite advancements in healthcare delivery, systemic and interpersonal challenges have weakened this trust, necessitating urgent attention and collaborative solutions. Patients often seek healthcare during vulnerable moments and rely on their providers to offer both competence and compassion.

Trust is built on four key elements: competence, compassion, communication, and confidentiality. The ability of healthcare providers to demonstrate these attributes consistently is essential to maintaining trust.

Addressing the trust deficit in healthcare requires sustained effort and collaboration among providers, policymakers, and patients. Transparency, communication, and ethical practices must become central to healthcare delivery. Institutions should strive to create systems that are both financially sustainable and patient-centric. By fostering a culture of empathy, professionalism, and openness, the healthcare system can begin to bridge the trust gap and create a more equitable and effective future for all.

Key Recommendations:

The deliberations during the session led to actionable insights and strategies aimed at reinforcing healthcare integrity. These recommendations are pivotal in creating a more trustworthy and effective healthcare system in India:

• Effective Communication: Clear, compassionate, and sensitive communication is vital for building trust between healthcare providers and patients. The ability to share medical information in a manner that is both simple and accessible to patients is crucial. These soft skills should be incorporated into medical curricula, ensuring that future healthcare professionals are trained to engage patients empathetically and effectively to foster an environment of transparency and understanding, which is fundamental to patient trust.



- **Compassionate Care**: Compassion is integral to the patient-provider relationship. Healthcare providers must exhibit genuine care and empathy toward their patients. A compassionate approach not only alleviates patients' physical discomfort but also promotes emotional well-being, which plays a significant role in establishing trust. Hand holding of patients, end-to-end care is an integral part of medical ethics. It is vital that healthcare professionals see their patients as individuals rather than as cases to be treated, ensuring that care extends beyond medical interventions.
- Competence and Expertise: The competence of healthcare providers must be clearly communicated to patients, ensuring they are well-informed about their doctor's qualifications and expertise. Competence also involves recognizing the limits of one's expertise and referring patients to other specialists when necessary. The importance of holistic care is emphasized, particularly the need for more general practitioners who can provide comprehensive, long-term care, guiding patients through the complexities of the healthcare system.
- **Confidentiality**: Maintaining patient confidentiality is a foundational ethical principle in healthcare. Safeguarding sensitive information ensures patients feel secure in sharing their personal and medical histories, which is essential for effective treatment. Upholding confidentiality also reinforces trust in the healthcare system, as patients must be confident that their private information will not be misused or disclosed without their consent.
- Humility and Continuous Improvement: Humility is crucial for healthcare professionals. Doctors should be open to acknowledging their mistakes and learning from them to improve their practice. This willingness to accept and correct errors leads to better patient care and ultimately strengthens trust between patients and healthcare providers. Adopting a mindset of continuous improvement is essential for maintaining high standards of care.
- Transparency in Treatment and Billing: Transparency is vital in every aspect of the healthcare process, from diagnosis and treatment protocols to patient outcomes and billing practices. Patients should be informed about the risks, benefits, and costs of their treatment options, enabling them to make informed decisions about their care. Similarly, healthcare institutions should be transparent about their pricing structures to avoid misunderstandings and potential exploitation. A transparent approach to healthcare not only helps patients feel more secure but also contributes to a fair and accountable system.
- Accountability: Accountability within the healthcare system is essential for maintaining trust. This includes conducting regular clinical audits, publishing reports, and sharing clinical data to ensure transparency and foster continuous improvement. In addition, healthcare providers should be accountable for the commercial aspects of their practice. The increasing commercialization of healthcare needs to be carefully managed to prevent conflicts of interest and ensure that patient welfare is always the primary concern.
- Grading and Certification of Healthcare Institutions: The establishment of a robust grading and rating system for hospitals and nursing homes is necessary to enhance patient awareness and confidence. A credible and transparent rating system would allow patients to make informed choices about where to seek care. These ratings should be based on



objective criteria, such as quality of care, patient safety, and clinical outcomes, and should be regularly updated to reflect the institution's ongoing performance.

- Public Involvement in Healthcare Innovations: The creation of Disease or Organ Forums, with active public involvement, is essential when introducing new drugs or treatments. These forums should facilitate discussions between healthcare professionals, policymakers, and the public to ensure that new therapies are safe, effective, and accessible to all. Public engagement helps build trust in healthcare innovations and ensures that patient concerns are addressed before new treatments are widely adopted.
- Addressing Mistrust in Public Healthcare: Mistrust in the public healthcare sector often arises due to issues of access, availability, and quality of care. To rebuild trust, it is essential to address these systemic issues. Improved infrastructure and better access to services, particularly in underserved areas, are necessary steps in ensuring that all citizens have access to high-quality, equitable healthcare. By addressing these challenges, the public healthcare system can regain its credibility and foster greater trust among the population.

These recommendations collectively offer a comprehensive framework for strengthening trust in India's healthcare ecosystem. By focusing on transparency, accountability, ethical conduct, and patient-centered care, we can build a healthcare system that is both effective and trusted by its citizens.

Empowering Women: Navigating Cancer Care Together

The session on cancer care brought together a multidisciplinary panel to discuss the rising burden of cancer in India and the steps needed to address this growing public health crisis. The session began by highlighting the alarming rise in global and Indian cancer cases, with over two-thirds of Indian patients being diagnosed at advanced stages. This late detection contributes to a high mortality-to-incidence ratio, which is significantly worse in India compared to developed countries. The speakers emphasized that improving early detection and ensuring timely treatment is crucial to reducing this burden.

A major focus of the discussion was on women-specific cancers, such as breast, cervical, and ovarian cancers, which account for more than half of all cancer cases in women. It was highlighted that late detection remains a significant issue, with fewer than 30% of these cancers diagnosed in early stages. Factors contributing to this include a lack of awareness among women, financial constraints, and inadequate access to comprehensive cancer care, particularly in rural and underserved regions. Data presented during the session showed that India lags behind other countries in terms of survival rates for women-specific cancers, largely due to the stage of detection and disparities in access to advanced treatments.

The panel outlined key challenges in cancer care, including gaps in infrastructure, a lack of skilled personnel, limited availability of screening programs, and low public awareness. Screening penetration for cancers like breast and cervical remains as low as 1-2%, and even



among healthcare workers, awareness about these screenings is minimal. It was also noted that most cancer cases in India are initially diagnosed by non-oncologists, highlighting the need to train primary caregivers, such as general practitioners, nurses, and Asha workers, on early cancer detection and referral processes.

One of the central themes of the session was the role of technology and digitization in improving cancer care. Panelists stressed the potential of digital platforms and cloud-based solutions to enhance access to diagnostics and treatment, especially in tier-2 and tier-3 cities. The use of telemedicine and remote consultations was proposed as a means to bridge the gap in skilled personnel. Additionally, leveraging India's position as a leading internet economy to promote cancer awareness through digital campaigns in regional languages and culturally relevant formats was identified as a critical step.

The cost of cancer treatment was another major point of discussion. It was highlighted that advanced treatments, such as genomic testing, immunotherapy, and targeted therapies, are often not covered under government insurance schemes, leaving patients to bear high out-of-pocket expenses. The panel recommended moving from financial reimbursement limits to outcome-based insurance models that ensure coverage of advanced diagnostics and treatments. A top-up insurance scheme for cancer care, akin to models implemented in countries like the Philippines, was suggested as a viable approach to address the financial burden on patients.

In addition to addressing financial constraints, the panelists underscored the importance of making cancer a notifiable disease across all states in India. This would ensure better data collection on incidence and outcomes, which is critical for evidence-based policymaking. The speakers noted that while tuberculosis and other communicable diseases are well-documented due to mandatory reporting, cancer, despite being a growing non-communicable disease, lacks a similar framework in many states.

Screening and prevention strategies also featured prominently in the discussion. The panel advocated for compulsory cancer screenings linked to government reimbursement programs, as seen in countries like Japan and Korea. Incorporating HPV vaccination into India's national immunization program was identified as a game-changer for reducing cervical cancer incidence. Examples from countries like Rwanda, which achieved near-universal HPV vaccination, were cited as models to emulate. Additionally, incentivizing healthcare providers to prioritize screening and creating public education campaigns to reduce the stigma associated with cancer screenings were highlighted as necessary interventions.

The session concluded with a call to action for all stakeholders to work collaboratively to improve access, affordability, and awareness in cancer care. The panel emphasized the need for a comprehensive approach encompassing early detection, equitable access to advanced treatments, financial protection for patients, and better integration of technology in healthcare delivery. By addressing these challenges, India can significantly reduce the cancer burden and improve outcomes for millions of patients, particularly women.

Key Recommendations:



1. Awareness generation

- Need to create more public awareness and education campaigns about cancer risk factors, prevention, benefits of early detection and advanced treatment options available.
- Engage with & update non-oncologist healthcare workers (like GP's, alternate medicine providers) regarding cancer diagnosis & treatments (50% of the cancer cases are detected by non-oncologists). Ensure first point of contact provides information about advanced treatments available and provide hope to women and encourage them to get screened and treated.
- Digital Outreach: Utilize India's internet economy to engage with women directly. Use social media and apps, create content in regional languages and address cultural nuances to spread awareness about various cancers.
- Leverage NGOs and women advocacy groups to spread message that cancer can be conquered and emphasize potential for longer, better quality life. (Eg: An NGO in Chennai works with schools where students are encouraged to get parents for cancer screening, this has seen 35% turnout of adults for screening)

2. Screening & prevention:

- Aim for 70% screening rates in India (WHO benchmark). Govt should take learnings from countries like Brazil and the US who have high cancer screening rates (60-80%)
- Improve national screening program (currently it mainly focuses on breast, cervical and oral cancer) penetration (currently 1-2%)
- Integrate screening into routine healthcare visits; use age, risks profile of the patient as reminders for initiating cancer screening
- Screening for cancer can be made mandatory for insurance re-imbursements
- Use health and wellness centers for screening patients and Incentivize healthcare workers for screening during routine visits. Utilize ASHA workers as patient navigators.
- Enhance referral mechanisms so that post screening, the patient is put on the path to advanced level of diagnostics
- Implement preventive measures like taxation on high-sugar products, tobacco etc, which are known for causing cancer

3. Improve HPV vaccination adoption:

- Address Low adoption of HPV vaccine in India by including it in national immunization program. Take learnings from successful HPV vaccination program running in other countries (50% of the countries in the world have mandatory vaccination policy for HPV vaccine; Rwanda has high vaccination rates for HPV)
- Leverage indigenously made vaccines to reduce vaccine costs and increase uptake across patient profiles



4. Treatment & Care:

- a. Improving accessibility & affordability to care treatment:
 - Expand comprehensive cancer care centers beyond metro cities (Not more than 175 districts in the country have access to comprehensive cancer care; 50% of the total comprehensive cancer care centers are in metro cities). Improve coverage in Eastern, Northeastern, and Northern states
 - Expand radiotherapy infrastructure to more districts (only 30-40% have access to radiation therapy as per Lancet in India Vs 50-70% have access globally)
 - Reduce financial barriers for women's cancer treatment. We should take learnings from other countries like Korea, Japan, and Australia and implement more comprehensive cancer cost coverage (90-95% of the total cancer cost is covered in these countries). We should incentivize providers for value and outcome-based approaches
 - Continuously assess and include new technologies that reduce costs and improve outcomes

b. Improve coverage and enhance Insurance scope:

- Current insurance schemes have fixed financial limits across all specialties. Move insurance for cancer from financial reimbursement limits to coverage based on uniform protocols focusing on delivering better outcomes
- Expand insurance coverage to include PET scans, CT scans & biopsies, diseasespecific genomic testing panels & Immunotherapy
- Develop a differential approach to cancer insurance based on organ type & stage of detection (need to learn from Phillipnes on disease specific insurance models)
- Integrate Health Technology Assessment more effectively with the insurance program to accommodate new and advanced technologies in the insurance schemes
- Insurance companies should track patient journey from screening to outcome and follow-up and develop a robust monitoring and auditing system for outcomes

5. Adoption of Modern treatment protocols

- Promote multidisciplinary approach, utilize molecular diagnostics, implement genomic testing and use personalized and precise treatments. Focus on targeted therapies and immunotherapies
- Need for faster adoption and coverage of newer treatment options in govt schemes and insurances
- Acknowledge the need for population-specific evidence in clinical trials. Need to have good representation of Indian patients in all clinical trials to improve outcome
- Potential for innovative approaches in radiation therapy to increase treatment efficiency and mitigate challenges due to shortage of skilled manpower & lack of adequate infrastructure penetration. Promote SBRT (Stereotactic Body Radiation



Therapy). Usage of SBRT is at only 15-20% in India. Studies suggest that SBRT can reduce fractionation to free up resources for other cancer treatment.

Synergizing Healthcare Proficiencies through Interdisciplinary Education

Key Highlights:

- Healthcare Delivery Pyramid and Workforce Distribution- Effective healthcare delivery requires a balanced organizational pyramid where doctors are at the top, nurses occupy the middle, and allied health professionals form the base. However, India faces significant disparities in the distribution of healthcare professionals, with urban areas receiving better services than rural regions. For instance, while Punjab has a high number of allied health professionals, Jharkhand struggles with severe shortages. Such imbalances hinder equitable access to healthcare and Universal Health Coverage goals. To address these challenges, it is imperative to focus on better workforce planning and targeted regional initiatives.
- Nursing Education and Challenges- India's nursing education has expanded significantly, with numerous institutions now offering advanced programs such as the Nurse Practitioner Critical Care Program. However, quality concerns persist, compounded by insufficient faculty, low salaries, and limited career growth opportunities. The National Nursing and Midwifery Commission Act aims to address these issues by introducing regulatory reforms, but challenges in implementation and enforcement remain barriers to progress. Elevating the profession's status and providing leadership opportunities are critical for sustained improvements.
- Allied Health Professions Development- Allied health professionals (AHPs) play a crucial role in interdisciplinary healthcare. The enactment of the National Commission for Allied and Healthcare Professions Act, 2021, is a positive step, but its impact depends on timely and effective implementation. There is also significant potential in task-shifting, where certain responsibilities are redistributed to AHPs to optimize resource use and address skill gaps. Collaborative efforts between policymakers, educators, and industry leaders are needed to strengthen this sector.
- Simulation-Based and Experiential Learning- Simulation-based learning has emerged as a transformative tool in healthcare education, allowing professionals to acquire and refine skills without compromising patient safety. This method is particularly effective for developing clinical and managerial competencies. However, widespread adoption is limited by inadequate infrastructure and trained educators. Establishing dedicated simulation centers and integrating this approach into curricula will enhance healthcare training outcomes.
- Innovation and Translational Research- Innovation is vital for creating affordable and accessible healthcare solutions. Collaboration across disciplines, such as engineering, medicine, and nursing, fosters impactful innovations. Initiatives like joint incubators in



medical and engineering schools provide a fertile ground for teamwork-driven solutions. By promoting enterprise-based innovation and integrating entrepreneurship into healthcare education, the sector can accelerate the development and deployment of transformative technologies.

- Healthcare Communication and Public Trust- Effective communication is essential for addressing issues such as patient mistrust and violence against healthcare professionals. Language barriers and inadequate training in soft skills exacerbate these problems. Furthermore, the proliferation of misinformation through platforms like "Dr. Google" necessitates a focus on verified and culturally sensitive communication strategies. Comprehensive training programs can improve patient-provider interactions and enhance public health literacy.
- Addressing Brain Drain in Nursing- India's nursing workforce is increasingly attracted to better opportunities abroad, driven by higher salaries and favorable working conditions. Countries like Japan, the UK, and Germany actively recruit Indian nurses, who benefit from specialized training and language proficiency. To mitigate this brain drain, India must improve domestic working conditions, provide competitive pay packages, and facilitate ethical international recruitment agreements.
- Interdisciplinary Education and Systemic Synergy- Interdisciplinary collaboration is critical for delivering holistic healthcare. However, current silos between healthcare disciplines limit effective teamwork. Designing curricula that emphasize collaborative learning and fostering joint training programs are essential steps toward addressing this challenge. Industry-academia partnerships can also bridge gaps between education and practical healthcare delivery.
- Policy and Strategic Implementation- Policies such as the WHO's Strategic Directions for Nursing and Midwifery (2021-2025) provide a robust framework for workforce development. Despite this, implementation gaps persist due to coordination challenges and resource constraints. Systematic adoption of these policies, supported by adequate funding and monitoring mechanisms, can drive meaningful progress.

Key Recommendations:

- Bridge Urban-Rural and Regional Disparities in Workforce Distribution- Addressing the uneven distribution of healthcare professionals across urban and rural regions is essential. Targeted policies should prioritize allocation of healthcare workers to underserved areas through financial incentives and the establishment of training institutes in regions facing acute shortages. Additionally, implementing robust data systems can help map and address these disparities effectively, ensuring equitable access to healthcare services nationwide.
- Enhance Salaries and Working Conditions for Nurses and Allied Health Professionals-To reduce salary disparities and retain skilled healthcare workers, minimum wage standards must be enforced across public and private sectors. Investment in better working environments, including infrastructure, support systems, and professional



development opportunities, is crucial. Retention programs such as housing allowances and leadership training can further motivate and sustain the workforce, creating a more resilient healthcare system.

- Implement and Strengthen Regulatory Frameworks- Expediting the implementation
 of the National Nursing and Midwifery Commission Act and the Allied Healthcare
 Professions Act at the state level is critical. These frameworks should standardize
 quality benchmarks through national guidelines and accreditation systems. Oversight
 mechanisms must also be established to ensure adherence to regulations, promoting
 accountability and consistency across healthcare institutions.
- Develop Simulation Centers and Train Educators- Establishing simulation-based learning centers as hubs of excellence can provide healthcare professionals with realworld training experiences. Dedicated funding is needed to develop the infrastructure and advanced technologies required for simulation training. Additionally, train-thetrainer programs should be conducted to equip educators with the skills to effectively use these methodologies, ensuring high-quality training delivery.
- Foster Interdisciplinary Education and Collaboration- Integrating collaborative learning models into healthcare curricula can foster teamwork and understanding across disciplines. Joint training sessions for medical, nursing, and allied health students can enhance interdisciplinary cooperation. Partnering with industries can further align academic learning with the practical demands of healthcare delivery, ensuring that graduates are well-prepared for real-world challenges.
- **Promote Innovation and Entrepreneurship in Healthcare** Building innovation incubators within educational institutions can encourage the development of teambased solutions to healthcare challenges. Incorporating entrepreneurship modules into curricula can nurture an innovation mindset among healthcare students. Public-private partnerships should be leveraged to fund and scale impactful healthcare technologies, driving growth and modernization in the sector.
- Improve Healthcare Communication and Public Trust- Training programs focused on patient communication, empathy, and cultural sensitivity are essential for all healthcare providers. Public health campaigns and patient interactions should use regional languages to enhance accessibility and understanding. Collaborating with media outlets can help counter misinformation and promote health literacy by disseminating accurate, verified information.
- Address Brain Drain in Nursing- Aligning domestic working conditions and pay scales with international standards can help retain skilled nursing professionals. Incorporating foreign language training into nursing curricula can enhance global employability, making Indian nurses competitive in international markets. Bilateral agreements with foreign countries should be established to ensure ethical recruitment practices that benefit both India and the host countries.
- Adopt and Implement Global Best Practices- Adopting the WHO's Strategic Directions for Nursing and Midwifery (2021-2025) at national and state levels can provide a roadmap for improving healthcare delivery. Focus areas should include nurse-patient ratios, leadership training, and task-shifting programs. Progress must be monitored



and evaluated using data-driven tools to ensure accountability, transparency, and effectiveness in implementing these global best practices.

Conclusion:

The session underscored the immense potential of interdisciplinary education and strategic collaborations in addressing the persistent challenges of India's healthcare system. Bridging regional disparities, enhancing the quality of education, and fostering innovation are pivotal for transforming healthcare delivery. Policies must translate from frameworks into actionable changes at grassroots levels to ensure equitable access and quality care for all.

Investments in simulation-based learning and competency-driven curricula will prepare healthcare professionals to meet the complexities of modern medical needs. Moreover, integrating innovation and entrepreneurship into educational structures can empower healthcare providers to develop sustainable solutions. Communication and public trust remain cornerstones in healthcare, necessitating a cultural shift toward transparency, empathy, and accountability.

As healthcare evolves, a robust emphasis on adopting global best practices and tailoring them to India's unique requirements will be crucial. Collaborative efforts involving policymakers, industry stakeholders, educators, and practitioners are needed to ensure a cohesive approach to health sector reform. With these concerted efforts, India can move closer to realizing a healthcare system that is inclusive, efficient, and resilient.





16th edition of FICCI Healthcare Excellence Awards

November 5, 2024 at India Habitat Centre, New Delhi

FICCI Healthcare Excellence Awards instituted in 2009, aim to recognize best practices in the industry by felicitating public and private organizations and individuals for their exemplary contributions to the health sector through innovations for increased efficiency, affordability and improved performance of healthcare delivery at large.

16th edition of FICCI Healthcare Excellence Awards received around **225 applications** from across the healthcare sector for a diverse mix of categories including Excellence in Patient Safety & Care, Excellence in Patient Service Delivery, Excellence in Community Engagement, Training and Skill Development Initiative of the Year and Digital Transformation Initiative of the Year. **Ernst & Young LLP** is the official tabulator and the Awards are supported by **Astron Healthcare**.

The participants were evaluated by a high-level independent Jury panel Chaired by **Mr C K Mishra**, Former Secretary, Ministry of Health & Family Welfare and Ministry of Environment, Forest and Climate Change, Government of India. Initiative, Sustainability, Scalability and Impact formed the key criteria for evaluation.

Mr Kapil Dev, Sports Personality graced the occasion as Chief Guest and presented the awards to the winners.

Also, doyens of the healthcare industry were felicitated with Individual Awards – Lifetime Achievement in Healthcare Industry, Healthcare Humanitarian, Healthcare Personality of the Year, and Chairman's Award for Outstanding Leadership in Healthcare.





L-R: **Dr Harsh Mahajan**, Chair, FICCI Health Services Committee and Founder & Chairman, Mahajan Imaging; **Mr Kapil Dev**, Sports Personality; **(Hony) Brig Dr Arvind Lal**, Chair, FICCI Swath Bharat TF and Executive Chairman, Dr Lal PathLabs



FICCI

Awards Interim Jury 2024







Interim Jury



Chair-Awards Core Group and Chairman & MD, Astron Group



Dr Bishnu Panigrahi Group Head-Medical Strategy & **Operations, Fortis Healthcare Ltd**



Cdr Navneet Bali CEO ClearMedi Healthcare



Prof Sutapa Director, IIHMR Delhi



Dr Sajal Sen COO, Apollo Hospital, Rourkela



Dr Vikas Malhotra Senior Consultant, ENT Surgeon



Lt Gen (Dr) A K Das Group Medical Director, Marengo Asia Healthcare

Prof Arnab K Laha

Chairperson, Center for Management of Health Services, IIM Ahmedabad

Dr Nandini Sharma

Associate Director & HOD, Health Informatics, C-DAC

Dr Namita Singh

Head, Medical Affairs and Global Public Health, BD



Dr Vinay Agarwal Chairman & MD, Pushpanjali Medical Centre



Air Vice Marshal Dr Ashutosh Sharma Medical Superintendent, Amrita Hospital, Faridabad



Gen Dr S P S Kochar HOD-Community Medicine, SGT Medical College, Gurugram Dean & Principal, SGT Medical College



Prof Tamorish Kole Director-Emergency Medicine, DY Patil Medical College & Research Centre, Pune



Dr Pinky Yadav Director Operations and Medical Superintendent, Rajiv Gandhi Cancer Institute and Research Centre



Dr Ravi Gaur Co-Chair, Awards Core Group; Founder & Director, DRG Path Labs and Chairman, Medical Advisory Board, Oncquest Labs Ltd





CEO, NABH



Mr A Vijaysimha CEO, Audicor Cardiometrics



Gen P K Singh , Principal, N C Medical College & Hospital, Panipat



Mr Vinodh K Director-Nursing, Medanta Medicity



Dr J K Das Former Director, NIHFW, Gol



Prof Ashok Agarwal Adjunct Professor-IIHMR and Former Vice Chancellor & Director, School of Health Sciences, IGNOU



Dr S B Bhattacharyya





Mr Manish Jain Director, Yes2Treatment





Founder & CEO, Bhattacharyyas Clinical Records Research & Informatics





Dr Punam Bajaj Director, NABH





Awards Grand Jury 2024





Dr K Madan Gopal Advisor & Head, Public Health Administration, NHSRC, Gol

Dr Tavpritesh Sethi Associate Professor IIIT Delhi

Mr Neeraj Jain Country Director India, PATH







Individual Awardees 2024



Air Marshal (Dr) Pawan Kapoor, AVSM VSM & BAR, Former Director General of Medical Services (IAF) & Vice Chairman, Rus Education Healthcare Personality of the Year

Dr Dharminder Nagar, Managing Director, Paras Health



Dr Kiran Martin, Founder & Director, Asha India

Chairman's Award for Outstanding Leadership in Healthcare



Dr Col C S Pant, VSM, Senior Consultant Radiology, Col. Pant's Imaging Centre & Director and HOD Radiology, Fortis La Femme



Dr Sanjeev Singh, Medical Director, AIMSRC, Faridabad & Chief Medical Superintendent, AIMSRC Kochi





Award Winners- General

Excellence in Patient Safety & Care				
Private Hospital	Fortis Hospital, Bannerghatta Road, Bengaluru			
Public Hospital	All India Institute of Medical Sciences, New Delhi			
Other healthcare providers	Birla Fertility & IVF			
Excellence in Patient Service delivery				
Private Hospital	HCG Panda Cancer Hospital			
Public Hospital	Sanjay Gandhi Postgraduate Institute of Medical Sciences			
	U.N. Mehta Institute of Cardiology & Research Centre (Special Jury Recognition)			
	Civil Hospital, Ahmedabad (Special Jury Recognition)			
Other healthcare providers	Ottobock HealthCare India Private Limited			
Startups	Medoplus Services Private Limited			
Training and Skill Development Initiative of the Year				
Hospitals/ Health technology companies/ Other healthcare providers	Johnson & Johnson Private Limited			
	Kids Clinic India Ltd (Cloudnine Group of Hospitals) (Special Jury Recognition)			
Medical institutes	King George's Medical University			
Excellence in Community Engagement				
NGOs & Not-For-Profit Organizations	Siliguri Greater Lions Eye Hospital			
For-profit organizations	Ujala Cygnus Healthcare Services			
Digital Transformation Initiative of the Year				
Hospitals / Other healthcare providers	Baby Memorial Hospital Kozhikode			
MedTech/ Device Companies/ Software Developers	CDAC Noida			
	Appasamy Associates Private Limited (Special Jury Recognition)			
Startups	HaystackAnalytics			



Oral Paper Presentations

Convenors & Jury:

- Dr Bishnu Panigrahi, Group Head- Medical Strategy & Operations Group, Fortis Healthcare
- Mr Gautam Khanna, CEO, PD Hinduja Hospital & MRC

One of the highlights of **FICCI HEAL 2024 Conference** was the **Oral Paper Presentations**, a platform designed to showcase cutting-edge research and innovative ideas in healthcare. Students and professionals from diverse fields, including healthcare delivery, management, and allied sciences, were encouraged to submit their abstracts for this highly anticipated session.

The session witnessed overwhelming enthusiasm, with **over 100 abstracts** submitted for consideration. These submissions were meticulously evaluated by an esteemed jury based on three critical parameters:

- 1. **Novelty of the Idea** Original and groundbreaking concepts that push the boundaries of conventional thought.
- 2. **Impact & Scalability** The potential of the idea to create meaningful change and its feasibility for widespread application.
- 3. **Clarity of Thought** Clear articulation of objectives, methodology, and results, ensuring comprehension and engagement.

From this pool of exceptional submissions, **10** abstracts were shortlisted for live presentations during the conference. The authors of these selected works had the unique opportunity to present their research to an audience of distinguished healthcare leaders, policymakers, and peers. The live presentation format facilitated direct engagement with the audience, fostering vibrant discussions, critical feedback, and the potential for future collaborations.

To further broaden the scope of knowledge sharing, an additional **15 abstracts were chosen for Digital Posters**. These posters were displayed on digital screens strategically placed at the conference venue, rotating throughout the event to maximize visibility. Attendees had the chance to explore these visually compelling presentations during breaks, encouraging one-on-one interactions with the researchers.

By integrating diverse formats like oral presentations and digital posters, the conference continues to uphold its reputation as a catalyst for innovation and a platform for nurturing the brightest minds in healthcare.

Click here to view the digital posters

https://drive.google.com/drive/folders/1h4cgEmvARPXVFTXHN1j1391WK2XAqPIQ?usp=drive_link



Details of Oral Paper Presentation

Abstract Title	Presenter Name	Organization	Category
Importance of 3D and Virtual Reality-Based	Mr. Sachin Rasane	PREVISE Studio Pvt Ltd	Professional
Experiential Learning in Nursing Education			
Nanorobotics in Cutting-Edge Treatment	Ms. Atreyee Das	NSHM Knowledge	Student
Approaches		Campus, Kolkata	
Improving Maternal and Child Health	Ms. Surbhi Kumari	IIHMR Delhi	Student
Outcomes in India through Technology			
Interventions			
Integrate AI for Enhancing Efficiency	Ms. Aditi Vyas	Amrita Institute of	Professional
		Medical Sciences &	
		Research Centre,	
		Faridabad	
Indigenous Negative Pressure Vacuum	Shaizin Iqbal Walele	MGM School of	Student
Dressing System		Biomedical Sciences,	
		Kamothe, Navi Mumbai	
Histopathological Evaluation of	Mr. Vaishnav Virakshe	Mahatma Gandhi	Student
Reproductive Toxicity Caused by Chronic		Mission School of	
Exposure of Di (2-Ethylhexyl) Phthalate on		Biomedical Sciences	
Adult Zebrafish		(MGMIHS), Kamothe,	
		Navi Mumbai	
Anxiolytic Effect of Sarpagandha (Rauvolfia	Ms. Snehal Manoj Bhoir	Mahatma Gandhi	Student
Serpentina) on Adult Zebrafish		Mission School of	
		Biomedical Sciences	
		(MGMIHS), Kamothe,	
		Navi Mumbai	
Smooth Roads Ahead: Lessons From Our	Dr. Femitha Pournami	KIMS Healthcare	Professional
Sick Neonate Retrieval Service		Management Limited,	
		Trivandrum	
Taste and Spice Rehabilitation in Head and	Ms. Prasanna Suresh	Health Care Global	Professional
Neck Cancers	Hegde	(HCG) Cancer Centre	
Effect of a Millet-Based Functional Foods-	Dr. Subhasree Ray	Reliance Industries	Professional
Rich Diet on Metabolic Risk Factors in an		Limited	
Office Population - A Single-Arm			
Intervention			

Additionally, out of the 10 presentations 4 were identified as winners:

Winner- Student Category

- Abstract Title-<u>NANOROBOTICS IN CUTTING-EDGE TREATMENT APPROACHES</u>
- Abstract Title- Anxiolytic Effect of Sarpagandha (Rauvolfia Serpentina) on Adult Zebrafish

Winner- Professionals

- Abstract Title- Integrate AI for Enhancing Efficiency
- Abstract Title- <u>Smooth Roads Ahead: Lessons From our Sick Neonate Retrieval Servic</u>



Start-ups Pitching Session on "Innovations in Digital Health"

The Start-ups Pitching Session on "Innovations in Digital Health" showcased groundbreaking solutions in digital health, focusing on enhancing patient care, improving healthcare delivery, and increasing accessibility through innovative technologies. This pitching session was exclusively for startups in the medical devices and advanced IT utilities sector. It aimed to connect these young companies with opportunities for growth funds, mentorship resources, strategic partnerships, and market linkages.

Health innovative startups are dynamic enterprises that leverage technology, research, and creative problem-solving to address challenges in the healthcare sector. These startups focus on areas such as telemedicine, personalized medicine, AI-driven diagnostics, wearable health devices, biotechnology, and digital health platforms. They aim to improve healthcare accessibility, affordability, and outcomes while fostering efficiency in medical processes. By introducing groundbreaking products and services, health startups are transforming patient care, promoting preventive measures, and enhancing healthcare delivery systems. Their collaborative efforts with governments, research institutions, and industry stakeholders play a pivotal role in shaping the future of global health.

During the pitching session, innovative startups presented their solutions at a healthcare conference, focusing on digital health advancements. Key highlights included smart devices for medication adherence, mosquito traps for disease prevention, and AI-driven health assessments. The emphasis was on enhancing patient care, improving accessibility, and addressing pressing health challenges through technology and collaboration.

Convenors / Jury

- Dr Suchita Markan, Scientist & Mission In-charge of Medical Device and Diagnostics Mission Secretariat, ICMR
- Mr A Vijaysimha, CEO, Audicor Cardiometrics
- Mr Sameer Kanwar, Director, Digital Health (India & South Asia Hub), PATH
- **Dr Shyam Vasudeva Rao**, Founder & Director, Renalyx Health Systems, Forus and Rx DHP
- Dr Vishal Bhardwaj, PhD, Senior Entrepreneurship Programme Manager, C-CAMP, Bangalore
- Mr Saahil Madan, Venture Capital Analyst, Asian Healthcare Fund
- **Dr Oommen John**, Senior Program Officer, Bill & Melinda Gates Foundation

Brief Profiles of StartUps selected for Pitching:

Accessibility Redefined Private Limited

Accessibility Redefined focuses on creating mobility solutions for senior citizens and differently abled individuals. Despite initiatives like the Accessible India Campaign, many spaces remain inaccessible. Accred provides portable and customizable ramps, foldable



society ramps, hybrid car transfer seats, and accessibility lifts. These solutions ensure easy access to public and private spaces without major infrastructure changes. Accred's innovative products, like the platform lift for wheelchairs, address unique challenges like steep gradients and limited spaces. The company collaborates with government initiatives and has been recognized for its impact.

Vidcare Innovations Private Limited

Vidcare has developed the world's first zero-electronic health testing kit capable of providing rapid, quantitative results for key biomarkers such as Thyroid Stimulating Hormone (TSH) and HbA1c. This innovative solution addresses the significant gap in diagnostic access for patients in underserved regions, where up to 60% drop out after being prescribed a blood test due to logistical challenges, including travel and costs.

The kit leverages a volumetric amplification system, eliminating the need for electronics while achieving a 99.7% correlation with traditional analyzer tests. It enables results within 20 minutes, allowing patients to complete their diagnosis and receive prescriptions in a single visit. The technology is preloaded with control mechanisms, ensuring reliability and ease of use.

Vidcare's solution has been globally patented (US, EU, Japan, China, India) and has earned recognition through prestigious awards, including the India Innovation Growth Program and the Procter & Gamble Health Award. Currently in the preclinical stage, Vidcare is on track to start clinical evaluations soon, with plans to be market-ready within six to eight months.

The kits are priced at \$5-\$6 per test, offering an affordable and scalable model suitable for deployment in remote settings and public health initiatives. Vidcare is raising \$500,000 to complete clinical performance evaluation and initiate manufacturing and distribution.

Osvi Healthcare

Osvi Healthcare is a critical care-focused startup addressing three significant challenges in healthcare: the high cost of ICUs, limited availability of beds, and the aging population with low insurance penetration (2%) and inadequate coverage. Critical care, often life-threatening and requiring intensive monitoring, remains inaccessible for many due to financial and logistical constraints. Recognizing the gaps, Osvi Healthcare developed a model to bridge the hospital-home continuum of care, providing seamless and affordable services.

Osvi Healthcare primarily focuses on critical illnesses requiring long-term care, including kidney, liver, and lung diseases, sepsis, and other life-threatening conditions. The company partners with small to mid-sized hospitals (15–50 beds) that lack the technical and operational expertise to run ICUs efficiently. By leveraging its experience in critical care, Osvi Healthcare implements high-quality SOPs and adopts a clustered approach, optimizing resource utilization and significantly reducing ICU care costs.

The ecosystem benefits both hospitals and patients. Hospitals gain enhanced brand value, increased revenue (20-25% growth), and access to a professional ICU management partner. Patients benefit from high-quality, transparent, and cost-effective care, with reduced risks of secondary infections and comprehensive support from diagnosis to recovery.



Currently, Osvi Healthcare operates three outsourced ICUs, achieving substantial growth with an asset-light, scalable model. The company provides home care, ICU management, and extensive doctor visit services, supported by lab and pharmacy integrations. Over 40% of its patients require critical care, and its ICU services contribute 30% of its revenue. With a strong NPS score of 82%, Osvi Healthcare has established a reputation for reliable and patient-centric care.

In the next phase, the company aims to expand to 9-11 ICUs, serve over 1,100 patients this fiscal year, and grow 2x in the following year. It also plans to integrate advanced technology into its services. To support this growth, Osvi Healthcare is preparing to raise ₹4 crores within six months. With a growing network of reputable partners and a solid foundation, Osvi Healthcare is poised to transform critical care delivery in India.

Epirelief Healthcare Private Limited

Epirelief is revolutionizing epilepsy care with its innovative wearable device, designed to predict and manage seizures effectively. Born from a personal experience the solution combines cutting-edge sensor technology with intuitive mobile app features. The device integrates multiple sensors, including accelerometers, gyroscopes, skin temperature, and blood oxygen saturation sensors, to detect subtle changes in the body that signal an impending seizure. It works in conjunction with a mobile app that tracks a patient's medication, seizure history, and provides alerts if a medication is missed. The system is also connected to caregivers, family members, and physicians, ensuring that timely intervention is possible if needed. This data-driven approach aims to enhance the quality of life for patients, reduce the stigma around epilepsy, and improve treatment adherence.

With over 50 million people worldwide living with resistant epilepsy, including a significant pediatric population, Epirelief is addressing a critical healthcare gap. The startup is currently in the validation phase of its product, conducting trials with patients to refine the device and its app. They are collaborating with leading pharmaceutical companies like Sun Pharma and Intas Pharma, and with a team of over 50 doctors from institutions across India. With its innovative solution, Epirelief aims to revolutionize epilepsy care and provide a much-needed tool for managing chronic neurological conditions.

Cusipco Health Care Pvt. Ltd.

Cuspico Healthcare Private Limited is a pioneering startup dedicated to delivering comprehensive and accessible healthcare solutions across India. Recognizing the challenges of providing inclusive healthcare in a country as vast and diverse as India, Cuspico has positioned itself as a B2B healthcare aggregator, catering specifically to corporates and their employees. With a robust network and tailored services, the startup currently serves over 20 corporate clients, including multinational companies from the US, Japan, and Korea, alongside Indian firms.

Cuspico's mission is to act as a "Messenger of Sound Health" by bridging the healthcare gap for employees and their dependents, even in remote regions of India. Their services are meticulously customized to the working environment of employees, ensuring relevance and effectiveness. The startup not only emphasizes modern healthcare delivery but also promotes



ancient Indian healing techniques as a preventive measure against lifestyle and chronic disorders like diabetes and thyroid.

To enhance accessibility, Cuspico integrates cutting-edge technology into its offerings, enabling seamless access to healthcare services through digital platforms. Their app provides a price discovery feature, aggregating services from various vendors and offering cost comparisons for diagnostic tests and treatments. This innovative approach empowers users with choice and transparency.

With a vision to expand its reach and strengthen its technological capabilities, Cuspico Healthcare is poised to transform corporate healthcare solutions in India while contributing to the nation's broader goal of comprehensive and inclusive healthcare for all.

Dosetap

Dosetap is a healthcare technology company focused on improving medication adherence for patients with chronic illnesses. Their flagship product is a smart pill box designed to help patients manage their medications more effectively. The device is Bluetooth-enabled, organizing medications by time of day and providing reminders to patients through visual and audible alerts.

Dosetap's solution includes a remote monitoring feature, allowing caregivers and family members to track medication usage and receive notifications if a dose is missed. The device can be connected to mobile apps and integrated with healthcare systems through open APIs, providing valuable data on patient adherence for healthcare organizations and pharmaceutical companies.

Currently sold on e-commerce platforms like Amazon and Flipkart, Dosetap is working with major pharmaceutical companies such as Lupin and Mankind to scale its impact. The company aims to reach 1.5 million patients and is developing a more compact version of the device to cater to younger patients with early-onset chronic conditions and to target women's healthcare post-pregnancy and post-menopause.

Dognosis

Dognosis taps into the extraordinary olfactory capabilities of dogs to detect early-stage diseases, particularly cancers, through scent. By training dogs to identify specific odors associated with cancer, the company offers an innovative and non-invasive approach to diagnostics. Using advanced technologies like artificial intelligence (AI) and machine learning, Dognosis enhances the accuracy of its canine-assisted diagnostic methods, ensuring faster and more reliable results. This breakthrough has the potential to revolutionize early cancer detection, especially in underserved areas where traditional diagnostic tools may be limited or costly. By combining the natural abilities of dogs with cutting-edge technology, Dognosis aims to make cancer screening more affordable, accessible, and widespread, ultimately improving survival rates and saving lives through early intervention.

Neodocs

Neodocs is revolutionizing diagnostics by creating instant tests that can be done directly on your phone within minutes. The company is addressing major challenges in healthcare, such



as affordability, accessibility, and quality of diagnostics. A significant issue they are tackling is Chronic Kidney Disease (CKD), which often goes undiagnosed due to the lack of early symptoms. By the time most people discover they have CKD, they are close to needing dialysis, a costly and lifestyle-impacting treatment. Neodocs is developing a mobile solution that can replace traditional lab-based diagnostic equipment using just a phone camera. Their test for CKD requires only a simple urine sample, and results are provided in seconds through an app that works on any phone, even with a basic camera. The test measures crucial parameters like albumin-creatinine ratio (ACR), protein, glucose, and nitrites. With impressive accuracy (99% specificity and 96% sensitivity) validated through multiple studies and patents in India and the US, the app is designed to be user-friendly and adaptable for rural areas with features like offline modules and multiple language support. Neodoc's work with pharma companies, governments, and the OTC market has opened up opportunities to distribute their tests widely, especially in Southeast Asia and Africa. The company has raised \$2.5 million in funding and is now working on a hemoglobin test that can also be done using a phone.

Raypure LEDCHIP Indus P Ltd

Raypure LEDCHIP Indus P Ltd offers a unique real-time disinfection solution through standard general lighting, using visible light rather than UV light for sterilization. This approach is cost-effective, sustainable, and human-safe, targeting preventive healthcare. The company, a DIPP startup, offers a technology with a TRL (Technology Readiness Level) of 7.

The core problem they address is the high incidence of hospital-acquired infections (HAIs), with many patients returning from hospitals with new infections. Traditional disinfection methods, such as chemical cleaning and UV lighting, require room evacuation and can pose health risks. Raypure's solution provides continuous disinfection without evacuation, ensuring sterile environments even with occupants present. It works by emitting a specific spectrum of visible light that harms pathogens but is harmless to humans.

The technology is designed for hospitals, offices, schools, and public spaces where airborne diseases can spread. The system is low-maintenance, with a lifespan of up to five years, and doesn't require additional power beyond that needed for standard lighting. This makes it a highly efficient, low-cost solution for healthcare and other public spaces, with applications in critical areas like ICUs, where infection rates can be dramatically reduced.

Vaatsalya Inventures Private Limited

Vaatsalya Inventures Private Limited focuses on driving innovations in healthcare, particularly in the areas of rehabilitation. While much attention is given to diagnosis and prevention, the company has set its sights on revolutionizing the rehabilitation field, specifically through the use of 3D printing and maxillofacial prosthetics.

Maxillofacial prosthetics are critical for patients who have lost parts of their face due to accidents, diseases, or medical procedures. However, these services are often limited by a shortage of specialists, technology, and access. Vaatsalya's solution utilizes AI and 3D printing to create customized prosthetics remotely, allowing doctors to treat patients without the need for them to travel. This approach has reached a Technology Readiness Level (TRL) above 9, meaning it is highly advanced and reliable. The company's business model, heavily reliant on



word-of-mouth, focuses on empowering general doctors to provide specialized care in an affordable manner.

Through its innovations in prosthetics and 3D printing, Vaatsalya is addressing a significant gap in the healthcare ecosystem. The company is creating affordable, high-quality prosthetics locally, eliminating the dependency on foreign imports. They have successfully served a wide range of patients, from those with conditions like mucormycosis (especially prevalent during the COVID-19 pandemic) to cancer survivors who have lost facial features. The company has also developed workflows that enable efficient remote prosthetic production and delivery, making it possible for patients to receive treatment even in remote areas.

Vaatsalya's achievements include publishing research, securing patents, and establishing collaborations with prestigious medical institutions in India. They are also working with global markets like the UK and the US to share their innovative practices and technology. By making advanced prosthetics more accessible and affordable, Vaatsalya is improving the lives of countless individuals while also creating job opportunities and contributing to the healthcare industry's growth.

Their model focuses on clinical validation, data privacy, and regulatory compliance, ensuring that the technologies they develop are both effective and trustworthy. The company continues to innovate in the field of 3D printing and maxillofacial prosthetics, aiming to further enhance accessibility and care for patients worldwide.

MozziQuit Solutions LLP

MozziQuit Solutions LLP is a pioneering venture dedicated to eradicating mosquito-borne diseases globally through innovative mosquito trap devices. Founded with a vision to address the devastating impact of mosquitoes on public health, the company has made remarkable strides in developing effective and sustainable solutions. Millions of deaths and hundreds of millions of cases are attributed to diseases like malaria, dengue, and Zika virus every year. Existing solutions, such as chemical repellents and UV-based traps, often have limitations, including health hazards and inefficiency in reducing mosquito populations.

MozziQuit has developed three patented models of mosquito traps designed to eliminate mosquitoes effectively while ensuring user safety. The devices operate at a minimal cost of 10 paise per day for smaller models and 25 paise for larger ones, providing an economical alternative to conventional repellents. The company holds 12 design registrations and 2 process patents granted by the Indian Patent Office. Achievements include gold medals from DST-Lockheed Martin and an Excellence Award at Rashtrapati Bhavan. Field trials demonstrated efficacy, with over 10 crore mosquitoes trapped within three months, and evidence of increased milk yield and cattle weight in dairy farms using the device.

The company has garnered support from national and international organizations, including ICMR, which provided funding and validation of mosquito species captured. At a WHO event in Geneva, Switzerland, MozziQuit entered the pre-qualification process for deployment in 109 malaria-affected countries. Reputed institutions like FAS have collaborated to produce evidence-based reports to meet WHO standards.



With over 1 million units sold and zero complaints or returns, MozziQuit devices have proven their market viability, offering significant cost savings compared to chemical repellents. To scale operations and meet growing demand, MozziQuit is seeking an investment of ₹5 crore to establish a full-fledged manufacturing unit and strengthen its professional team. The projected returns are substantial, with the potential for 10x ROI within six years and significant growth in valuation.

The leadership comprises seasoned innovators and industry experts committed to making impactful contributions to global health. Notable achievements by the team include innovations in sustainable construction materials and international recognition in technology commercialization. MozziQuit Solutions LLP stands at the forefront of the fight against mosquito-borne diseases, leveraging innovation and commitment to bring about a healthier, mosquito-free future.

NEC Corporation India Private Limited

NEC Corporation India Private Limited offers a predictive analytics solution aimed at transforming health checkups through advanced AI technology. Using accumulated past health checkup data, the system predicts future health outcomes and provides tailored recommendations. The solution integrates general information such as age and gender, two years of blood test results like blood sugar, HbA1c, triglycerides, and cholesterol, measurement data such as height, weight, and blood pressure, and lifestyle details gathered through questionnaires on habits like alcohol consumption, smoking, and exercise.

The AI processes this data to generate dynamic personalized video reports that analyze health checkup results, highlight abnormalities, and provide insights into potential risks such as elevated HbA1c levels. These videos educate users on how specific lifestyle habits impact their health and offer actionable steps for improvement. The system also predicts future health parameter trends based on current behaviors and simulates the potential outcomes of lifestyle changes, encouraging individuals to adopt healthier habits.

The solution is designed to enhance engagement and motivation for patients, increase attendance and repeat visits for diagnostic labs, and support medical staff in explaining health issues effectively. It has been implemented successfully in Japan across government and private sectors, showing measurable improvements in checkup attendance rates, health parameters, and patient behavior. An Indian model has been developed using local data, and efforts are underway to implement this solution in Indian diagnostic labs and hospitals. By supporting follow-ups and enabling doctors to present realistic behavior change options, the system has demonstrated its ability to drive meaningful health improvements.

Glimpses from Sessions



Inaugural Session



L:R- Dr Sanjeev Singh, Co-Chair, FICCI Health Services Committee; Medical Director, Amrita Institute-Faridabad and Chief Medical Superintendent, AIMSRC Kochi; Prof Jonathon Robin Gray, Director of Innovation and Improvement, Cardiff & Vale University Health Board; Dr Anupam Sibal, Co-Chair, FICCI Health Services Committee and Group Medical Director and Senior Pediatrician, Apollo Hospitals; Prof Vinod K Paul, Member, NITI Aayog, Government of India; Dr Harsh Mahajan, Chair, FICCI Health Services Committee and Founder & Chairman, Mahajan Imaging and Labs; (Hony) Brig Dr Arvind Lal, Chair, FICCI Swasth Bharat Task Force; Executive Chairman, Dr Lal PathLabs and Managing Trustee, ALVL Foundation

Release of Knowledge Paper







Session 1- Expanding Quality Accreditation: Hospitals and Labs

L:R- Dr Atul Mohan Kochhar, CEO, NABH; Mr Stephen Nesbit, Board of Directors, Toshi Automation Solutions; Dr Ravi Gaur, DRG Path Labs and Partner & Director- UniDRG Specialty Labs, Delhi; Dr Poonam Narang, Dean, Maulana Azad Medical College (MAMC); Dr Y P Bhatia, Chairman & MD, Astron Healthcare; Dr Bishnu Panigrahi, Group Head- Medical Strategy & Operations Group, Fortis Healthcare; Mr Pankaj Johri, Director, NABL



Session 2- Health Equity in Action: Leveraging Innovative Diagnostics Solutions for All

L:R- Dr Arjun Dang, Chief Executive Officer and Partner, Dr Dangs Lab; Dr Dhrubaa Ghosh, Partner, Management Consulting- Healthcare, Business Advisory Services, BDO India LLP; Dr Om P Manchanda, Chair, FICCI Diagnostics Task Force and Managing Director, Dr Lal PathLabs; Mr Narendra Singh, Lead- Adoption of ABDM, NHA, Gol; Mr Bhuwan Puri, VP - Sales, Transasia Bio-Medicals Ltd; Mr Deepak Sahni, CEO and Founder, Healthians; Dr Aakaar Kapoor, CEO & Senior Consultant Radiologist, City X ray & Scan Clinic





Session 3- Digitization of healthcare, democratization of AI- Where are we heading?

L:R- Mr Asit Kumar Vidyarthi, Co-Founder & CEO, Prodoc.AI; Mr Rohit Mahajan, Director, Asia Commercial Operations, Intuitive; Dr Vidur Mahajan, Chief Executive Officer, CARPL.ai; Dr Rakesh Mullick, Chief Scientist-Artificial Intelligence & Precision Health, GE HealthCare; Dr Krithika Rangarajan, Associate Professor of Radiology, AIIMS, New Delhi; Dr Anna Van Poucke, Global Head of Healthcare, KPMG International, and Healthcare, Senior Partner KPMG in the Netherlands

Session 4- Enhancing operating effectiveness- driving high-quality and cost-effective last mile care to Tier 1 cities and beyond



L:R- Mr Ankur Dhandharia, Partner - Healthcare EY India; Dr Shuchin Bajaj, Founder Director, Ujala Cygnus Hospital; Mr Kaivaan Movdawalla, Sector Leader and Partner- Healthcare, EY India; Mr Gautam Khanna, CEO, PD Hinduja Hospital & MRC; Mr Gaurav Bagga, Sr Vice President- Product and Engineering, Pristyn Care; Mr Abhishek Kapoor, Chief Executive Officer, Regency Health





Session 5- Navigating the Legal Landscape: Key Challenges for Hospitals in India

L:R- Dr Ravi Mahajan, Director Critical Care Integration & Transformation, Apollo Hospitals; Dr Ashwini Kumar Setya, Sr. Consultant, Medanta Institute of Digestive & Hepatobiliary Sciences, New Delhi; Advisor and Consultant in Medical Law and Ethics; Mr B L Vohra, Retd. Director General of Police; Justice Indu Malhotra, Retd Judge and Senior Counsel of the Supreme Court of India; Dr Neeraj Nagpal, Director Hope Gastrointestinal Diagnostic Clinic, Chandigarh and Managing Trustee, Medicos Legal Action Group; Mr Sidharth Luthra, Senior advocate & Former Additional Solicitor General of India



Session 6- Oral Paper Presentations Jury

L:R- Dr Bishnu Panigrahi, Group Head- Medical Strategy & Operations Group, Fortis Healthcare; **Mr Gautam Khanna**, CEO, PD Hinduja Hospital & MRC





Plenary Session- From Policy to Practice: Advancing Primary Healthcare in India

L:R- Dr Geetha Manjunath, Founder, CEO and CTO, NIRAMAI Health Analytix; Mr Rajesh Bhushan, IAS Retd., Former Secretary, Ministry of Health and Family Welfare, Government of India; (Hony) Brig Dr Arvind Lal, Chair, FICCI Swasth Bharat Task Force; Executive Chairman, Dr Lal PathLabs and Managing Trustee, ALVL Foundation; Mr Partha Sarthi Sen Sharma, IAS, Principal Secretary- Health & Family Welfare, Government of Uttar Pradesh; Mr Rajib Kumar Sen, Senior Adviser, NITI Aayog, Government of India; Mr Siddhartha Bhattacharya, Secretary General, NATHEALTH



Session 7- Medical Education – the Road Ahead

L:R- Dr Anna van Poucke, Global Head of Healthcare, KPMG International, and Healthcare, Senior Partner KPMG in the Netherlands; Dr Achal Gulati, President & Vice Chancellor, MGUMST, Jaipur; Dr Sanjeev Singh, Co-Chair, FICCI Health Services Committee; Medical Director, Amrita Institute- Faridabad and Chief Medical Superintendent, AIMSRC Kochi; Dr Vijay Oza, Acting Chairman, National Medical Commission (NMC); Dr Abhijat Sheth, President, National Board of Examinations (NBE); Dr Vikram Mathews, Director, Christian Medical College (CMC) Vellore





Session 8- Building Bridges of Trust: Strengthening India's Healthcare Ecosystem

L:R- Dr Raajiv Singhal, Co-Chair, FICCI MVT Committee, Founding Member, MD & Group CEO, Marengo Asia Healthcare; Ms Navika Kumar, Group Editor, Times Network and Editor-in-Chief, Times Now Navbharat; Dr Harsh Mahajan, Chair, FICCI Health Services Committee and Founder & Chairman, Mahajan Imaging and Labs; Mr C K Mishra, Former Secretary, Government of India; Prof (Dr) S K Sarin, Director, Institute of Liver and Biliary Sciences; Dr Ambrish Mithal, Chairman & Head of Endocrinology and Diabetes, Max Healthcare



Session 9- Start-ups Pitching Session on "Innovations in Digital Health"

L:R- Mr Saahil Madan, Venture Capital Analyst, Asian Healthcare Fund; Mr Sameer Kanwar, Director, Digital Health (India & South Asia Hub), PATH; Dr. Suchita Markan, Scientist & Mission In-charge of Medical Device and Diagnostics Mission Secretariat, ICMR; Dr Shyam Vasudeva Rao, Founder & Director, Renalyx Health Systems, Forus and Rx DHP; Dr Vishal Bhardwaj, PhD, Senior Entrepreneurship Programme Manager, C-CAMP, Bangalore; Dr Oommen John, Senior Program Officer, Bill & Melinda Gates Foundation





Session 10- Empowering Women: Navigating Cancer Care Together

L:R- Ms Srimayee Chakraborty, Partner, Healthcare Services, EY Parthenon; Mr Praveen Akkinepally, Business Unit Head, Oncology, Astra Zeneca India; Mr Raj Gore, Co-Lead, FICCI Task Force on Cancer Care and CEO, Healthcare Global Enterprises Limited (HCG); Ms Malti Sachdev, Senior Vice President & Head-Varian (India & territories), Siemens Healthcare; Mr Shankar Seshadri, Vice President- India Subcontinent, Elekta; Dr Dinesh Madhavan, President, Group Oncology & International, Apollo Hospitals



Session 11- Synergizing Healthcare Proficiencies through Interdisciplinary educatio

L:R- Mr Nilesh Aggarwal, CEO, IJCP Group; Dr T Dileep Kumar, Advisor, Indian Nursing Council (INC); Dr Sammita Jadhav, Director, Symbiosis Institute of Health Sciences; Dr Shirshendu Mukherjee, Managing Director, Wadhwani Innovation Network (WIN), Wadhwani Foundation; Mr Ashish Jain, CEO, Healthcare Sector Skill Council (HSSC)



Media Coverage

The Tribune

New Delhi, Wednesday, 06 November 2024 (Page-10) NITI Aayog member:

Health sector will be base of 'Viksit Bharat'

CASE OF VIPSI DFIGIDI CINNEGAM/NEWPILL, NOS CINNEGAM/NEWPILL, NOS Paul on Daesday said the gov-emment vascommitted to hild by reemengising the primary healthcare sector to take it to the next level. Addressing the "PICCI HEAL-2024" in New Delhi, Prof Paul said 'Viket Bhant' also ments a S2 trilion economy along with the in in procession. along with the rise in per capi ta income from \$2,500 to \$18,000. "Healthcare systemic \$18,000. "Healthcare systems going to be the base of the Viksit Bharat'vision to be realised by 2047. Besides, AI for health leadership also belongs," he added and urged the industry to come forward in this.— TNS The Statesman Wednesday, 06 November 2024 (Page-02) sector to become the base of Viewer

w Delhi, Wednesday, 06 November 2024 (Pa Health sector to become the base of Viksit Bharat; says NIT Aavog member. Professor V K Paul, member, NIT Aavog member. Professor V K Paul, member, NIT Aavog on Monday said that the government is committed to fully re-energising the primary healthcaresector to take it to the next level. We are not just rum-ning a scheme but arebuilding the entire pri-mary healthcare system which will be future ready and will serve our nation's journey to Viksit Bharat by 2047, 'he added. Addressing the FiCI FLAL 2024', Professor Paul stated that 'Viksit Bharat' also means a \$352 trillion economy along with the rise in per capita income to reach from \$2,500 to \$18,000. For the journey to being an enabler should try to do much better than other sectors. Swasth Bharat is the sentiment that I hope we all share,' he emphasized.



New Delhi, Wednesday, 06 November 2024 (Page-10)

नीति आयोग के सदस्य वीके पाल ने कहा, हम संपूर्ण प्राथमिक स्वास्थ्य सेवा प्रणाली का निर्माण कर रहे हैं

स्वास्थ्य क्षेत्र के लिए एआइ का सबसे बड़ा निर्माता बने भारत

जनसत्ता ब्यूरो नई दिल्ली, 5 नवंबर ।

मंजूरी

भू गराएँ, उ भारता चौति आणी के सरस्य चौके पाल ने मंगलवार को कहा कि सरकार प्राचमिक स्वारक संरोध क्षेत्र को चौरिय के लिए वैमार मंगरक के लिए स्वार्थ जो जी जूजने को मंगरक हैं सर 2024' प्राप्तेलन को मंगरिक है सर 2024' प्राप्तेलन को संवीधिक सर्व हुए पाल ने कहा कि 'किस्तित पाल' का सलब 20,2000 स्वार संगी की सारत की अवेधनस्या के संजूष 2,500 अमेरिकी ज्यानि से बहासर 18,000 सारक स्वारा भी है।

नीति आयोग के सदस्य वीके पाल ने 100 कहा कि स्वास्थव कहा क्र स्वास्थ्य संव क्षेत्र को भविष्य के लिए तैवार करने के प्रयास जारी। E 5

साथ ही उन्होंने कहा कि हम चाहते हैं कि भारत न केवल स्वास्थ्य के लिए एआइ का भारत न केवल स्वास्थ्य के लिए एआइ का सबसे बड़ा उपभोक्ता बने, यन्कि स्वास्थ्य के लिए एआइ का सबसे बड़ा निर्मात भी बने। चलन रहे हैं, बल्कि इस सिर्फ एक खेळना नहीं चला रहे हैं, बल्कि इर्जाण पालीक

रोवा प्रणाले का निर्माण कर रहे है...जे चीपण का सबसे कहा निर्माल भी करे। पाल ने कहता के लिए जैसार मिंगे और 2047 सक स्वारं देश की स्वर्तसात करनो की स्वराय प्रणाले प्रमाने के लिए काम्युल स्वास्थ्य संव को स्वर्तसात करनो की स्वराय थे इन प्रथा 2047 सक क्रिंसन नीपलालन 71 जरे से काम्या राजा सी स्वराय थे इन प्रथा का 2047 सक क्रिंसन नीपलालन 71 जरे से काम्यार सात्र मुझित करना चीहर स्वायम्प निर्माल क्रिंसन का आत्मान सोन्द्र से क्रिंसन के स्वाय के क्रांस क्रांस का प्रतान के स्वाय से स्वराय का स्वातित करना के सिंह स्वायम्प निर्माल क्रिंसन का आत्मान सोर्म्यार सात्र मुझिता करता के लिए स्वायम्प निर्माल क्रिंसना के लिस्त सीर्मयानियों को अत्माय जवा। उन्होंन डायी ने प्रवित्त के लिस सात्यार सात्र मुझितिक करते हुए चाल ने कहा कि स्वर्ग से इन्हों कि स्वाय आत्रा से अधिक क्रांस के स्वाय के अग्र 30 सीर्मयानियों की अत्माय जवा। उन्होंन डायी न्यू विक करती है, सिल्को ओन्द्र अग्र 30 स्वरंग से इन्हों कि स्वाय क्रांड है कि भारत न लाथ मिलेवा। उन्होंने कहा कि सरकार अनुमान सरकार से स्वाय कि सिए प्राय है है कि भारत न लाथ मिलेवा। उन्होंने कहा कि स्वाय देवा



NEW DELHI, Thursday, 07 November 2024 (Page-09) FICCI-BDO INDIA REPORT

'Diagnostics industry to surge to \$25 bn by 2028'

MPOST BUREAU NEW DELHI: FICCI-BDO

NEW DELHI: FICCI-BDO India released Expanding the Reach of Diagnostics: The Digi-tal Advantage during the two-day FICCI HEAI. 2024 event. The report explores the cur-nents and the Indian diag-nostic industry, emphasizing digital innovations in address-ing the challenges of access. afordability, and sustainability of diagnostic services, as well as the ungent need for regula-tory reforms.

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scape in India. By leveraging digital innovations, we can significantly improve access to quality diagnostic services, thereby augmenting Universal Health Coverage and improv-ing patient outcomes and the ing patient outcomes and efficiency with which heal care is delivered across

Geb. FREE PRESS JOURNAL 'Govt strengthening India's primary healthcare system'

NITI Aayog member V K Paul on Tuesday said the govern-ment is committed to fully re-energising the primary health-care sector to make it future Addrasing the FIGU RAD value of the second s ntire primary healthcare sys-em which will be future ready and will serve our nation's ourney to Viksit Bharat by

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New Delhi, Wednesday, 06 November 2024 (Page-11)

स्वास्थ्य सेवा क्षेत्र को भविष्य के लिए तैयार करने के प्रयास जारी: नीति आयोग के सदस्य पॉल

आयांग के संदर्भय पाल बई दिल्ली, नौती आंगे के सारवर का कै. एंल ने मंगलवार को कहा कि सकर प्रायमिक स्वस्थन मेच क्षेत्र को मंक्रिक के लिए हमां मई उन्जी पुरुतने को जीवद है। जिक्की लिए 2024 सम्मेलन को संसोधित करते हुए एंल ने नवा कि किस्क्रि पारत का मावल 2,2000 आव अमंदित्र डीलर की आंगवलस्था के साथ-साथ प्रति व्यक्ति अब को मंजूदा 2,500 अमंदिती डीलर से व्यक्तार 18,000 डीलर करना में है। उन्तीर कहा, स्या किए स्वरू गोलना नती स्वार रहे है, व्यक्ति संपूर्ण प्रायमिक स्वस्थन सेक्ष प्राथमित जीतरम व व्यक्तार 18,000 डीलर कार सी है। उन्तीर कहा, स्या किए स्वरू गोलना नती स्वार रहे है, व्यक्ति संपूर्ण प्रायमिक स्वस्थन सेक्ष प्राथमित वानिस्यां क्या है, जो इर्षाक के किस्त हैश होनी और 2047 तक हमारे देन को किस्तिस बचने की जाब में मदलार होगी। और 2047 तक हमारे देश को किस्तित बनाने की वाष में मदरापा तेगी। पाल ने कहा कि स्वरास्य बेंग हम ताज का आधर होग और हमें अन्न क्षेत्रों से अगे निकलने का प्रवास करता चारिए। स्वास्थ्य सेवा के में कृतिम मेपा (एअइ) के हातेगाल को रेखाकित करते हुए पॉल ने कहा कि सरकत प्रसुर्मीधक सर, रोदि कि संद प्रैवीमिक्ते को अन्ताव कारा उनतेने उद्योग जान से स्वर्क लिस अने अने का अग्रह करते हुए कहा, हुइम्म चाहते हैं कि भारत न केवल स्वास्थ्य के लिए प्रश्नंक सारम से बड़ा उत्योग का मे, स्वर्क स्वास्थ्य के लिए प्रश्नंक सारम से बड़ा उत्योगको को, स्वर्क स्वास्थ्य के लिए प्रश्नंक सारम से बड़ा उत्योग का ने, स्वरूप स्वारम प्रति में एक मज़तून स्वास्थ मेवा प्रमाली बनो के लिए स्वान कर रादी है, सिमा 2042 राक असित क्वीक्राक्ता 71 वर्ष से बढ़कर 85 वर्ष हो जएगा, सथ ही चिकिसम्कीय अनुवात तथा अस्मतल विसरा अनुवाह में भी वृद्ध होगे।



भविष्य में हेल्थ सेक्टर

की सेहत बेहतर रखने को सरकार तैयार

'श्विककी सेंल 2024 संबोधित करते हुए पौल ने कहा कि 'विकसित भारत' का मतलब 32,000 अन्य अमेरिकी डालर की अर्थव्यवस्था के साथ-साथ प्रति व्यक्ति आय की मौजूदा 2,500 अमेरिकी डालर से बढाकर 18,000 डालर

नई दिल्ली (भाषा)। वहीं त्रिल्ली (भाषा)। वहीं आवेग के सदस्य थी, के. एंसन ने भारत्यार के का सिस्तरा प्राचीमन भारत्यार के का कि सरसरा प्राचीमन का सरकार प्राचीमन कि स्तार के लिए प्रायों की कि भारत आजार करते के लिए प्रायों की कि भारत करने के लिए प्रायों में उंजा प्रायुक्त के को उप्राचन है। कि स्वती कि मारेग का प्राचीन करने का जिल्ल प्राया के सबसे बड़ा निर्माडय में को ने का कि

सरकार भारत में एक मजबूत स्वास्थ्य सेवा प्रणाली बनने के लिए काम कर रही है, जिससे 2047 तक औसत जीवनकाल 71 वर्ष से बढ़कर 85 वर्ष हो जाएगा, साथ ही चिकित्सकीय अनुपात तथा जस्पताल बिस्टर कोनी

अमेरिकी डालर से बहुतार 18:00 कर बहुतार 7:800 कर कहा, 'रम हिंग उन्होंने कहा, 'रम हिंग उन्होंने आयीक नहें राज से हैं, वर्षिक संस्थ प्रायकि नहें राज से स्वाय के हिंग से स्वाय प्रायकि स्वर स्थाय में प्रायकि के निर्माण उन्होंने के कि स्वयान्स्य के कि स्वाय और 2047 इक इमारे देश को कि कि जी 2047 इक इमारे देश को कि जी 2047 इक इमारे हो कि कि जी 2047 इक इमारे हो कि कि का कि स्वाय को हा राज से जी जी कि जानु के स्थी ना उन्होंने कहा राज स्वाय की साम्या के साथ सेक्स कि आपक सी जी उन्होंने कहा कि आपक सी जी उन्होंने कहा से का प्रयत्न कहा का स्वाय क्षे स्था की से स्वाय सुवी की सम्या के साथ सेका से स्वाय सुवी का स्वाय के स्वाय की

पॉल ने कहा कि सरकार भारत में एक

NITI Aayog member V K Paul said the health sector will be the base for Viksit Bharat journey

2047 along with in physician ratio a bed ratio. He said the go





SI. No.	Publication	Link	
	•	TV & Digital coverage:	
FICCI HEAL 2	FICCI HEAL 2024:		
1	DD News	E <u>FICCI HEAL 2024 DD News</u> 04.14pm <u>Nov05 01min01sec</u> Dr. V K Paul, Niti Aayog.mp4	
2	DD News	FICCI HEAL 2024 DD News 04.44pm Nov05 01min01sec Dr. V K Paul, Niti Aayog.mp4	
3	GNT	EICCI HEAL 2024_GNT_7.35am_Nov06_11sec_HealthCare Awards.mp4	
4	IANS	FICCI HEAL 2024 IANS 4.34pm Nov05 03min56sec Dr. V K Paul, Niti Aayog (1).mp4	
5	IANS	FICCI HEAL 2024 IANS 4.36pm Nov05 01min35sec Dr. Anupam Sibal Apollo Hospital (1).mp4	
6	Open Voice Mail	https://www.youtube.com/watch?v=GJBXP3o2W0E	
		Print coverage:	
FICCI HEAL 2	.024:		
7	The Tribune	NITI Aayog member: Health sectorwill be base of 'Viksit Bharat'	
8	The Statesman	Health sector to become the base of Viksit Bharat, says NITI Aayog member:	
9	The Free Press Journal	'Govt strengthening India's primary healthcare system'	
10	Rashtriya Sahara	भविष्य में हेल्थ सेक्टर की सेहत बेहतर रखने को सरकार तैयार	
11	Jansatta	स्वास्थ्य क्षेत्र के लिए एआइ का सबसे बड़ा निर्माता बने भारत	
12	Aaj Samaj	स्वास्थ्य सेवा क्षेत्र को भविष्य के लिए तैयार करने के प्रयास जारीः नीति आयोग के सदस्य पॉल	
	Online coverage:		
FICCI HEAL 2024:			
13	The Economic Times (ET Health World)	https://health.economictimes.indiatimes.com/news/industry/health-sector-is-going- to-become-the-base-of-viksit-bharat-prof-vk- paul/114979605?utm_source=top_story&utm_medium=latestNews	



14	The Economic Times	https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/gove
	(ET Healthcare)	rnment-strengthening-indias-primary-healthcare-system-vk-
	(Li neannearc)	paul/articleshow/114977490.cms?from=mdr
15	Business Standard	https://www.business-standard.com/health/efforts-on-to-make-healthcare-future-
		ready-niti-aayog-member-v-k-paul-124110500868 1.html
16	Mint	https://www.livemint.com/science/health/majority-of-patients-dissatisfied-with-
10	IVIIIC	hospital-services-ficci-report-1566362088498.html
17	Express Healthcare	https://www.expresshealthcare.in/public-health/kpmg-and-ficci-release-a-report-on-
		strengthening-post-graduate-medical-education-in-india/446717/
18	Express Healthcare	https://www.expresshealthcare.in/public-health/the-health-sector-is-going-to-
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		insurance-companies-play-by-rule-niti-aayog-member/cid/2060810
20	The Tribune	https://www.tribuneindia.com/news/business/niti-aayog-member-health-sector-will-
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		indian-healthcare-crucial-report
22	Dainik Bhaskar	https://www.bhaskarhindi.com/other/addressing-shortage-of-qualified-
		professionals-in-indian-healthcare-crucial-report-1076189
23	PTI News	https://www.ptinews.com/story/business/efforts-on-to-make-healthcare-sector-
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24	AIR News	conditions-in-healthcare-sector-niti-ayog-member-dr-vinod-k-paul/
25	Zee Business	https://www.zeebiz.com/economy-infra/news-efforts-on-to-make-healthcare-sector-
		future-ready-niti-aayog-member-v-k-paul-
		324614#:~:text=%22We%20are%20not%20just%20running,outshine%20other%20se ctors%2C%20he%20added.
		<u>ctors///2C///2011///2C/dddeu</u> .
26	ETV Bharat	https://www.etvbharat.com/en/!bharat/healthcare-a-cornerstone-of-viksit-bharat-
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27	Ahmedabad Mirror	https://www.ahmedabadmirror.com/addressing-shortage-of-qualified-professionals-
		in-indian-healthcare-crucial-report/81878691.html#goog_rewarded
28	The Print (Hindi)	https://hindi.theprint.in/india/economy/efforts-are-on-to-make-the-healthcare-
		sector-future-ready-niti-aayog-member-paul/749566/?amp
20		
29	Bio Spectrum	https://www.biospectrumindia.com/news/101/25320/kpmg-ficci-report-calls-for-
		revamping-of-post-graduate-medical-education.html



30	Bio Voice News	https://biovoicenews.com/ficci-heal-2024-health-sector-to-become-the-base-of- viksit-bharat-outlines-prof-vk-paul/
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32	Rediff Money	https://money.rediff.com/news/market/india-s-healthcare-future-niti-aayog-s- vision/18073520241105
33	Medical Dialogues	https://health.medicaldialogues.in/health/ficci-heal-2024-niti-aayog-highlights- commitment-to-enhanced-primary-healthcare-137593
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43	Desh Bandhu MP	https://deshbandhump.com/%E0%A4%AD%E0%A4%BE%E0%A4%B0%E0%A4%A4%E 0%A5%80%E0%A4%AF- %E0%A4%B8%E0%A5%8D%E0%A4%B5%E0%A4%BE%E0%A4%B8%E0%A5%8D%E0% A4%A5%E0%A5%8D%E0%A4%AF- %E0%A4%B8%E0%A5%87%E0%A4%B5%E0%A4%BE-%E0%A4%AE%E0%A5%87/
44	Yug Warta	https://www.yugwarta.com/Encyc/2024/11/5/Health-sector-is-going-to-be-base-of- Developed-In.html
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Pre-event: F	ICCI HEAL 2024:	
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51	Pharma Biz	https://www.pharmabiz.com/Services/ProjectTenders/PrintArticle.aspx?aid=173266 &sid=15
52	Business News This Week	https://businessnewsthisweek.com/health/ficci-heal-2024-advancing-healthcare- innovations-aligned-with-swasth-bharat-viksit-bharat-goals/
53	Media Buyer	https://www.medicalbuyer.co.in/ficci-set-to-organize-18th-annual-healthcare- conference-from-nov-5/
54	India Med Today	https://indiamedtoday.com/ficci-to-organise-18th-edition-ficci-heal-on-november-5- 6-2024/

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E HEALTH	https://ehealth.eletsonline.com/2024/11/ficci-ey-report-calls-for-national-cancer-care-policy-to- address-gaps-in-access-and-affordability/
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Drug Today	https://www.drugtodayonline.com/medical-news/news-topic/20508-ficci-ey-parthenon-report- calls-for-national-cancer-policy-to-improve-access-and-affordability
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Conference Program

Day 1	
8:00 am onwards	Registrations (Pre-conference area- Stein Auditorium)
10:00 am – 11:30 am	Inaugural Session (Stein Auditorium)
	Welcome Address Dr Harsh Mahajan, Chair, FICCI Health Services Committee and Founder & Chairman, Mahajan Imaging and Labs
	Theme Address Dr Anupam Sibal, Co-Chair, FICCI Health Services Committee and Group Medical Director and Senior Pediatrician, Apollo Hospitals
	Keynote Address'Grayzones – a time between Eras – growing the future'Prof Jonathon Robin Gray, Director of Innovation and Improvement, Cardiff & ValeUniversity Health Board
	 Release of Knowledge Papers FICCI-BDO Paper on 'Expanding the Reach of Diagnostics: The Digital Advantage' FICCI-EY compendium of recommendations on 'Road Map for Making Cancer Care Affordable and Accessible in India' FICCI-KPMG Paper on 'The Future of PG Medical Education in India: the 2047 Roadmap' FICCI-Symbiosis White Paper on 'Synergizing Healthcare Proficiencies through Interdisciplinary Education' FICCI Report on 'Advancing Primary Healthcare in India through AAMs'
	 Inaugural Address Prof Vinod K Paul, Member, NITI Aayog, Government of India Concluding Remarks Dr Sanjeev Singh, Co-Chair, FICCI Health Services Committee; Medical Director, Amrita Institute- Faridabad and Chief Medical Superintendent, AIMSRC Kochi On Dais (Hony) Brig Dr Arvind Lal, Chair, FICCI Swasth Bharat Task Force; Executive Chairman, Dr Lal PathLabs and Managing Trustee, ALVL Foundation
11:30 – 1:00 pm	Theme Session Swasth Bharat, Viksit Bharat (Stein Auditorium)
	'Swasth Bharat, Viksit Bharat' encapsulates India's vision of becoming a healthy and developed nation. This theme underscores the intrinsic connection between health and progress, emphasizing that a robust healthcare system is fundamental to the nation's overall development. With a 1% increase in health expenditure potentially leading to a 0.1% rise in GDP, the economic benefits are clear. By reducing the burden of non-communicable diseases, India could save \$3.28 trillion by 2030. Initiatives like Ayushman Bharat and the National Health Mission are pivotal in ensuring universal healthcare access, complemented by efforts to foster innovation, digitization, and infrastructure development in the healthcare sector. Prioritizing health creates a foundation for sustained



	economic growth and social well-being, with a healthier workforce potentially boosting productivity by 27-39% and adding \$3.8 trillion to India's economy by 2030. In this session, we will explore the current healthcare landscape, discuss ongoing and future initiatives, and analyze how these efforts are paving the way for a healthier, more developed India. Panelists will examine strategies to address healthcare challenges, integration of technology and how the advancements will ensure quality medical services are accessible to all.
	Convenor & Moderator Dr Anupam Sibal, Co-Chair, FICCI Health Services Committee and Group Medical Director and Senior Pediatrician, Apollo Hospitals
	 Speakers Prof Taruna Madan Ms L S Changsan, Additional Secretary, Ministry of Health and Family Welfare, Government of India Prof N K Ganguly, Former DG, ICMR; Chairperson, Department of Biotechnology and Research, Sir Ganga Ram Hospital and President, Apollo Hospitals Educational and Research Foundation (AHERF) Mr Varun Khanna, MD, Quality Care India Limited (Care, KIMS & Evercare)
1:00 pm – 2:00 pm	Lunch Break followed by Breakout Sessions (Charminar Area)
2:00 pm – 3:15 pm	Session 1 Expanding Quality Accreditation: Hospitals and Labs (Silver Oak, GF)
	The landscape of healthcare quality in India is undergoing significant transformation with a focus on expanding quality accreditation in hospitals and laboratories. As of 2024, only around 20% of Indian hospitals are accredited by national or international bodies, compared to over 70% in developed nations. The National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the National Accreditation Board for Testing and Calibration Laboratories (NABL) are the primary accrediting bodies in India.
	The low accreditation rate stems from factors including diversity, federal structure of country, lack of awareness, and the voluntary nature of accreditation in India. However, expanding accreditation is crucial for improving healthcare quality and patient safety. Accredited facilities show 20-30% better clinical outcomes and higher patient satisfaction. To bridge the gap between Indian and global quality standards, efforts are being made to increase awareness and streamline the accreditation process. The Indian government aims to have at least 1,000 more hospitals NABH-accredited by 2025 to align with global benchmarks.
	The session will entail a comprehensive exploration of the current state of hospital and lab accreditation in India, highlighting the challenges and opportunities for improvement as well as strategies to promote quality and accreditation amongst all kinds of healthcare facilities.
	<i>Convenor</i> Dr Atul Mohan Kochhar, CEO, NABH- Done
	 Speakers Dr Y P Bhatia, Chairman & MD, Astron Healthcare Dr Poonam Narang, Dean, Maulana Azad Medical College (MAMC) Mr Pankaj Johri, Director, NABL



	• Dr Bishnu Panigrahi , Group Head- Medical Strategy & Operations Group, Fortis Healthcare
	 Dr Ravi Gaur, DRG Path Labs and Partner & Director- UniDRG Specialty Labs, Delhi Mr Stephen Nesbit, Board of Directors, Toshi Automation Solutions
2:00 pm – 3:15 pm	Session 2 Health Equity in Action: Leveraging Innovative Diagnostics Solutions for All (Gulmohar Hall, 1 st F)
	The integration of point-of-care devices, telemedicine consultations, and mobile health solutions is revolutionizing remote diagnostics, making healthcare more accessible to those in remote and underserved areas. These technologies enable real-time health monitoring and consultations, ensuring timely interventions. However, addressing affordability concerns and developing cost-effective models are essential for widespread adoption of technologies. Collaborating with public health institutions and civil society enhances outreach to underserved populations, providing them with essential healthcare services. Additionally, government initiatives like Ayushman Bharat Health Account (ABHA) play a vital role in enabling wider accessibility to diagnostics, bridging gaps in healthcare delivery, and ensuring that even the most marginalized communities receive the care they need. These combined efforts are driving a more inclusive and efficient healthcare system. This session will explore collaborations with various stakeholders and discuss the role of government initiatives in enabling wider accessibility to diagnostics.
	Convenor & Moderator Dr Om P Manchanda, Chair, FICCI Diagnostics Task Force and Managing Director, Dr Lal PathLabs
	Presentation by Knowledge Partner Dr Dhrubaa Ghosh , Partner, Management Consulting- Healthcare, Business Advisory Services, BDO India LLP
	 Panelists Mr Narendra Singh, Lead- Adoption of Ayushman Bharat Digital Health Mission (ABDM), National Health Authority (NHA), Government of India Mr Deepak Sahni, CEO and Founder, Healthians Mr Bhuwan Puri, VP - Sales, Transasia Bio-Medicals Ltd Dr Arjun Dang, Chief Executive Officer and Partner, Dr Dangs Lab Dr Aakaar Kapoor, CEO & Senior Consultant Radiologist, City X ray & Scan Clinic
3:15 pm – 3:30 pm	Tea Break
3:30 pm – 4:45 pm	Session 3 Digitization of healthcare, democratization of AI- Where are we heading? (Silver Oak, GF)
	The healthcare landscape is undergoing a transformative shift with the rapid digitization of services and the integration of artificial intelligence (AI) into medical practice. These advances are enhancing accessibility, driving efficiency, and fostering innovation across the healthcare continuum. However,



	 while technology promises to democratize healthcare by making it more inclusive, key challenges remain—ensuring responsible AI implementation, addressing biases, and overcoming barriers to equitable access. India's Digital Health Market is poised for explosive growth, with the market projected to reach \$10.6 billion by 2025 at a compound annual growth rate (CAGR) of 27.41%. Meanwhile, AI-powered healthcare is on track to hit \$11.78 billion in the same timeframe. Despite this growth, the path forward is fraught with challenges, particularly around data privacy, digital literacy (especially in rural areas), and equitable access to care. This session will explore these issues and focus on how the democratization of AI in healthcare is shaping the future. We will discuss the current state of digital health and AI, examine the critical factors in ensuring responsible AI implementation, and outline the roadmap for future advancements in the sector. <i>Convenor & Moderator</i> Dr Vidur Mahajan, Chief Executive Officer, CARPL.ai
	 Speakers Dr Rakesh Mullick, Chief Scientist- Artificial Intelligence & Precision Health, GE HealthCare Dr Krithika Rangarajan, Associate Professor of Radiology at All India Institute of Medical Sciences, New Delhi Mr Rohit Mahajan, Director, Asia Commercial Operations, Intuitive Dr Anna van Poucke, Global Head of Healthcare, KPMG International, and Healthcare, Senior Partner KPMG in the Netherlands Mr Asit Kumar Vidyarthi, Co-Founder & CEO, Prodoc.Al
3:30 pm – 4:45 pm	Session 4 Enhancing operating effectiveness- driving high-quality and cost-effective last mile care to Tier 1 cities and beyond (Gulmohar Hall, 1 st F)
	Hospitals face numerous challenges like limited financial resources, difficulties in recruiting and retaining staff, and burdensome regulatory compliance. High costs hinder technology integration, and resource management is difficult due to lower patient volumes and complex cases. Emergency preparedness is often inadequate, risking patient safety. These facilities are crucial to their communities but face competition from larger, better-funded healthcare providers. This session will offer strategies to improve their operational effectiveness, focusing on efficiency, quality of care, and successful technology integration. Participants will gain a deeper understanding of the operational challenges as well as actionable strategies to enhance efficiency, quality of care, and regulatory compliance. They will also gain insights into the successful integration of technology and best practices in resource management.
	<i>Convenor</i> Mr Gautam Khanna, CEO, PD Hinduja Hospital & MRC
	Presentation by Knowledge Partner Mr Ankur Dhandharia, Partner - Healthcare EY India
	<i>Moderator</i> Mr Kaivaan Movdawalla, Sector Leader and Partner- Healthcare, EY India



	 Fireside Chat with Mr Gautam Khanna, CEO, PD Hinduja Hospital & MRC Dr Shuchin Bajaj, Founder Director, Ujala Cygnus Hospital Mr Abhishek Kapoor, Chief Executive Officer, Regency Health Mr Gaurav Bagga, Sr Vice President- Product and Engineering, Pristyn Care
4:45 pm – 6:00 pm	Session 5 Navigating the Legal Landscape: Key Challenges for Hospitals in India (Gulmohar Hall, 1 st F)
	The healthcare landscape in India is undergoing rapid transformation, driven by factors such as technological advancements, changing demographics, and evolving patient expectations. This dynamic environment presents hospitals with a complex array of legal challenges that they must navigate to ensure both compliance and quality care. Hospitals now find themselves navigating an intricate web of regulations at both the national and state levels. These include laws governing medical practice, patient rights, data protection, and environmental standards. The legal framework is further complicated by the coexistence of traditional and modern medical practices in India. This multifaceted legal environment requires hospitals to be proactive, adaptable, and well-informed about their legal obligations and potential risks. This session will help us in understanding and addressing these challenges, which is essential for hospitals to provide high-quality care while protecting themselves from legal liabilities.
	Convenor & Moderator Dr Ashwini Kumar Setya , Sr. Consultant, Medanta Institute of Digestive & Hepatobiliary Sciences, New Delhi; Advisor and Consultant in Medical Law and Ethics
	 Panelists Justice Indu Malhotra, Retd Judge and Senior Counsel of the Supreme Court of India Mr B L Vohra, Retd. Director General of Police Dr Neeraj Nagpal, Director Hope Gastrointestinal Diagnostic Clinic, Chandigarh and Managing Trustee, Medicos Legal Action Group Mr Sidharth Luthra, Senior advocate & Former Additional Solicitor General of India Dr Ravi Mahajan, Director Critical Care Integration & Transformation, Apollo Hospitals
4:45 pm – 7:00 pm	Session 6 Oral Paper Presentations (Silver Oak, GF)
	One of the key aspects of this year's HEAL Conference is the 'Oral Paper Presentations'. Students and professionals in healthcare and healthcare management fields have been invited to participate in this session. Selected abstracts will be invited for oral paper presentations, offering a platform to share their research and innovative ideas. Oral paper presentations are significant as they allow for direct interaction with the audience, fostering in-depth discussions and immediate feedback. Additionally, some abstracts will be chosen for Digital Posters, which will be displayed on screens at the conference venue on a rotational basis. This provides an excellent opportunity for attendees to engage with diverse perspectives and advancements in healthcare.



	 Convenors Dr Bishnu Panigrahi, Group Head- Medical Strategy & Operations Group, Fortis Healthcare Mr Gautam Khanna, CEO, PD Hinduja Hospital & MRC
6:00 pm	Tea Break
7:00 pm onwards	16 th FICCI Healthcare Excellence Awards Ceremony (Stein Auditorium)
	Chief Guest: Mr Kapil Dev, Sports Personality
	Networking Dinner (Charminar Area)
End of Day 1	

Day 2	
9:45 am – 11:00 am	Plenary Session From Policy to Practice: Advancing Primary Healthcare in India (Silver Oak, GF)
	Over the years, India has introduced several policies aimed at strengthening primary healthcare, recognizing it as the cornerstone for Universal Healthcare. One of the most notable of them being the Ayushman Bharat Health and Wellness Centres (now called Ayushman Arogya Mandir). These policies have focused on improving access to essential health services, enhancing the quality of care, and ensuring affordability for all, particularly in rural and underserved areas.
	However, despite these progressive policies, the journey from policy to practice or proper implementation has been fraught with challenges. Issues such as inadequate infrastructure, shortage of trained healthcare professionals, timely availability of funds, delays in procurement, etc. have often impeded the realization of these policy goals.
	FICCI, in collaboration with NATHEALTH and OMAG, is spearheading an industry wide health initiative called Project 'Smart HWCs/AAMs'. The industry is actively partnering with state governments to ensure the effective operation of select HWCs/AAMs at the grassroots level, to develop demonstration models that can be replicated elsewhere in the states and pan-India.
	This session aims to provide a platform for stakeholders to discuss these challenges, share best practices, and explore innovative solutions. The focus will be on understanding the barriers to effective implementation and identifying strategies to overcome these challenges.
	Convenor & Moderator
	(Hony) Brig Dr Arvind Lal , Chair, FICCI Swasth Bharat Task Force; Executive Chairman, Dr Lal PathLabs and Managing Trustee, ALVL Foundation
	Panelists
	• Mr Rajesh Bhushan, IAS Retd., Former Secretary, Ministry of Health and Family Welfare, Government of India
	 Mr Partha Sarthi Sen Sharma, IAS, Principal Secretary- Health & Family Welfare, Government of Uttar Pradesh



	Mr Rajib Kumar Sen, Senior Adviser, NITI Aayog, Government of India
	• Dr Geetha Manjunath, Founder, CEO and CTO, NIRAMAI Health Analytix
	• Mr Siddhartha Bhattacharya, Secretary General, Healthcare Federation of India- NATHEALTH
11:00 am – 11:10 am	Tea Break
11:10 am – 12:25 pm	Session 7 Medical Education – the Road Ahead (Silver Oak, GF)
	The status of medical education in India is a mix of progress and persistent challenges. While the country has a substantial network of medical colleges producing numerous graduates and post-graduates, there is a pressing need to make them future-ready by adopting new technologies and innovations. The current system faces issues such as inadequate infrastructure, faculty shortages, and outdated curricula, which hinder the quality of education. Despite recent reforms like the National Medical Commission (NMC), certain aspects have not worked, particularly in modernizing teaching methods and integrating practical skills with theoretical knowledge. To achieve high-quality medical education, it is essential to focus on modern infrastructure, skilled faculty, updated curricula, and the integration of technology and research.
	This session will explore these themes, aiming to identify effective strategies and necessary reforms to prepare future healthcare professionals in India.
	Convenor Dr Sanjeev Singh, Co-Chair, FICCI Health Services Committee; Medical Director, Amrita Institute- Faridabad and Chief Medical Superintendent, AIMSRC Kochi
	Video Presentation on Knowledge Paper
	 <i>Panelists</i> <i>"Making our Graduates and Post- Graduates future-ready"</i> Dr Vijay Oza, Acting Chairman, National Medical Commission (NMC) <i>"Adoption of new technologies and innovations"</i> Dr Abhijat Sheth, President, National Board of Examinations (NBE)
	 <i>"What has not worked in medical education"</i> Dr Vikram Mathews, Director, Christian Medical College (CMC) Vellore
	 "The ingredients for High Quality medical education" Dr Achal Gulati, President & Vice Chancellor of Mahatma Gandhi University of Medical Sciences and Technology (MGUMST), Jaipur
	 "Global Perspective on future ready medical education" Dr Anna van Poucke, Global Head of Healthcare, KPMG International, and Healthcare, Senior Partner KPMG in the Netherlands
12:25 pm – 1:40 pm	Session 8 Building Bridges of Trust: Strengthening India's Healthcare Ecosystem (Silver Oak, GF)



	In a rapidly evolving healthcare landscape, trust remains the cornerstone of effective and ethical medical practice. As India witnesses significant advancements in medical technology and policy reforms, ensuring transparency, accountability, and ethical practices is crucial for safeguarding patient rights and improving public health outcomes. This session will address the challenges of maintaining integrity in healthcare, such as combating fraud, enhancing regulatory frameworks, and fostering a culture of trust among healthcare providers, patients, and policymakers. The speakers will also focus on leveraging technology, policy reforms, and stakeholder collaboration to enhance healthcare governance, improve patient safety, and promote equitable access to quality care. By exploring these critical issues, the session aims to provide actionable insights and strategies for reinforcing healthcare integrity, ultimately contributing to a more trustworthy and effective healthcare system in India.
	Convenor & Moderator Dr Harsh Mahajan, Chair, FICCI Health Services Committee and Founder & Chairman, Mahajan Imaging and Labs
	 Panelists Mr C K Mishra, Former Secretary, Government of India Ms Navika Kumar, Group Editor, Times Network and Editor-in-Chief, Times Now Navbharat Prof (Dr) S K Sarin, Director, Institute of Liver and Biliary Sciences Dr Raajiv Singhal, Co- Chair, FICCI MVT Committee, Founding Member, MD & Group CEO, Marengo Asia Healthcare Dr Ambrish Mithal, Chairman & Head of Endocrinology and Diabetes, Max Healthcare
11:10 am – 1:40 pm	Session 9 Start-ups Pitching Session on "Innovations in Digital Health" (Gulmohar Hall, 1 st F)
	The Start-ups Pitching Session on "Innovations in Digital Health" will showcase groundbreaking solutions in digital health, focusing on enhancing patient care, improving healthcare delivery, and increasing accessibility through innovative technologies. This pitching session is exclusively for startups in the medical devices and advanced IT utilities sector. It aims to connect these young companies with opportunities for growth funds, mentorship resources, strategic partnerships, and market linkages.
	 Convenors / Jury Dr. Suchita Markan, Scientist & Mission In-charge of Medical Device and Diagnostics Mission Secretariat, ICMR Mr A Vijaysimha, CEO, Audicor Cardiometrics Mr Sameer Kanwar, Director, Digital Health (India & South Asia Hub), PATH Dr Shyam Vasudeva Rao, Founder & Director, Renalyx Health Systems, Forus and Rx DHP Dr Vishal Bhardwaj, PhD, Senior Entrepreneurship Programme Manager, C- CAMP, Bangalore Mr Saahil Madan, Venture Capital Analyst, Asian Healthcare Fund Dr Oommen John, Senior Program Officer, Bill & Melinda Gates Foundation
1:40 pm – 2:30 pm	Lunch Break (Silver Oak Patio, GF)



2:30 pm – 3:45 pm	Session 10 Empowering Women: Navigating Cancer Care Together
	(Silver Oak, GF)
	Women's cancer care faces significant challenges globally, with India experiencing particularly acute issues. Breast and cervical cancers account for 39% of female cancer cases in India, with over 60% of breast cancers detected at advanced stages. Limited access to specialized care is evident, with only 0.4 oncologists per 100,000 people in India. Financial constraints are severe, with 60% of households facing catastrophic expenses due to cancer treatment. This session focuses on practical strategies to address these challenges, enhance early detection, and improve access to quality care. Panelists will discuss the latest advancements in women's cancer treatment, including targeted therapies and immunotherapies gaining traction in India. Session will also deliberate on effective awareness generation, along with strategies to integrate emotional and
	psychological support into cancer care.
	 Convenors Mr Raj Gore, Co-Lead, FICCI Task Force on Cancer Care and CEO, Healthcare Global Enterprises Limited (HCG)
	Moderator Ms Srimayee Chakraborty, Partner, Healthcare Services, EY Parthenon
	 Panelists Mr Raj Gore, Co-Lead, FICCI Task Force on Cancer Care and CEO, Healthcare Global Enterprises Limited (HCG) Ms Malti Sachdev, Senior Vice President & Head- Varian (India & territories), Siemens Healthcare Mr Praveen Akkinepally, Business Unit Head, Oncology, Astra Zeneca India Mr Shankar Seshadri, Vice President- India Subcontinent, Elekta Dr Dinesh Madhavan, President, Group Oncology & International, Apollo Hospitals
3:45 pm – 4:00 pm	Tea Break



4:00 pm – 6:00 pm	Session 11 Synergizing Healthcare Proficiencies through Interdisciplinary education (Silver Oak, GF)
	In the healthcare sector, besides the development of core healthcare skills and competencies, interdisciplinary learnings are essential for providing high-quality, patient-centered care. In addition to healthcare professionals from various disciplines, such as doctors, nurses, pharmacists, allied healthcare professionals and therapists; professionals from non-healthcare disciplines such as medical social worker, counsellors etc. All must work together collaboratively to address the complex needs of patients in varied clinical scenarios.
	Interdisciplinary learning involves professionals from different disciplines coming together to share their knowledge, expertise and perspectives. This interprofessional education and training (IPET) is a key component in fostering collaboration among both healthcare & non healthcare professionals. By learning with and from each other, professionals gain a deeper understanding of how their roles and responsibilities intersect and can collaborate more effectively to provide comprehensive care. IPET helps create a shared understanding of roles, responsibilities and goals to be attained by the caregiver team. Through IPET, both the healthcare and non-healthcare professionals develop the attitudes and skills necessary to work effectively as inter- professional teams. This shared understanding leads to improved communication, coordination, and ultimately better patient outcomes. The session shall deliberate on the importance of fostering a culture of interdisciplinary collaborations amongst various stakeholders and the key role of academia as a nursery and a perennial fountain of providing skilled and trained manpower to improve outcomes, enhance patient satisfaction, and create a more cohesive and supportive work environment for all team members in an organisation.
	<i>Moderator</i> Dr Sammita Jadhav, Director, Symbiosis Institute of Health Sciences
	 Speakers: Dr T Dileep Kumar, Advisor, Indian Nursing Council (INC) Mr Ashish Jain, CEO, Healthcare Sector Skill Council (HSSC) Dr Shirshendu Mukherjee, Managing Director, Wadhwani Innovation Network (WIN), Wadhwani Foundation Mr Nilesh Aggarwal, CEO, IJCP Group
6:00 pm	Closing



About FICCI

Established in 1927, FICCI is the largest and oldest apex business organisation in India. Its history is closely interwoven with India's struggle for independence, its industrialization, and its emergence as one of the most rapidly growing global economies.

A non-government, not-for-profit organisation, FICCI is the voice of India's business and industry. From influencing policy to encouraging debate, engaging with policy makers and civil society, FICCI articulates the views and concerns of industry. It serves its members from the Indian private and public corporate sectors and multinational companies, drawing its strength from diverse regional chambers of commerce and industry across states, reaching out to over 2,50,000 companies.

FICCI provides a platform for networking and consensus building within and across sectors and is the first port of call for Indian industry, policy makers and the international business community.

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FICCI Health Services

healthservices@ficci.com

https://health.ficci.in/

Shilpa Sharma Consultant & Head shilpa.sharma@ficci.com Sarita Chandra Additional Director & Co-Lead sarita.chandra@ficci.com Aayushi Panwar Research Associate aayushi.panwar@ficci.com