FICCI

# HEALTH WRAP

## MAR- APR 2024

Announcement

# 16TH HEALTHCARE EXCELLENCE AWARDS 2024



INSPIRE • CHANGE • TOGETHER

OCTOBER 2024

## AWARD CATEGORIES

- Excellence in Patient Safety & Care
- Excellence in Patient Service Delivery
- Training & Skill Development Intiative of the Year
- Excellence in Community Engagement
- Digital Transformation Initiative of the Year

## APPLICATIONS OPEN

LAST DATE TO APPLY **15TH JUNE 2024**

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## FICCI Health Sector Updates and Events

# Key Sectoral Highlights

## Government & Policy

### Health Ministry to consult states on fixing hospital treatment costs

The health ministry will start consultations with state governments for suggestions on fixing charges for treatment at healthcare centres across the country. This follows the Supreme Court raising concern over the wide variation in treatment costs between government and private healthcare centres. It directed the Centre to expeditiously fix treatment charges to be paid by patients, giving six weeks for the same.

### Supreme Court agrees to hear plea against fixed rate for hospitals, seeks Centre's response

The Supreme Court has sought a reply from the Centre after it agreed to hear a plea by an association of doctors and hospitals that questioned government's move to prescribe uniform fee for all hospitals. The matter is now slated for hearing on September 10. The Supreme Court also warned of applying Central Government Health Scheme (CGHS) rates for treatment services at private healthcare facilities until standardized rates are set.

### NMC gives nod to 112 new med colleges, UP to get 22, Delhi 1

The National Medical Commission (NMC) has greenlit the establishment of 112 new medical colleges nationwide, which would take the total number to more than 800. Since 2013-14, the number of medical colleges in the country has nearly doubled. Recently, a parliamentary committee had recommended that government should formulate a comprehensive framework to address bureaucratic hurdles and effectively implement the partnership of private medical colleges with district hospitals

### Govt may bring surgical gloves under quality control order

The government is likely to bring surgical gloves and single-use medical examination gloves under the Quality Control Order (QCO) to check imports of poor-quality products and ensure better standards for those manufactured in the country. The move is in line with demands raised by domestic glove makers who said the lack of proper regulation is resulting in import of substandard gloves, rejected in other countries, to India.

# Key Sectoral Highlights

## Government & Policy

### CDCSO issues distribution guidelines for pharma products in market to curb substandard medicines

The country's drug regulator has recently released draft guidelines on good distribution practices to prevent the entry of 'spurious,' 'adulterated,' and 'sub-standard' pharmaceutical products in the market, PTI has reported. The draft guidance document, issued by the CDSCO, aligns with the WHO Technical Report Series (TRS) on good storage and distribution practices for such products.

### Govt mulls allowing sale of common medicines in general stores

A government-appointed committee is contemplating the idea of making commonly used drugs like cough and cold medicines, antacids, and fever-reducing drugs available at general stores in India. A suggestion was made by some of the experts looking into India's OTC drug policy to allow the same here also for improved accessibility, especially in the rural areas. However, no decision has been taken yet.

### Centre seeks more time to frame policy on online sale of medicines

The Centre has urged the Delhi High Court to grant some time to frame a policy on the online sale of medicines on the grounds that the issue was "complex" and any modification in the manner of sale of drugs would have far-reaching consequences. The high court granted the Union Ministry of Health and Family Welfare four months as a last and final opportunity to frame the policy.

### Joint steps, sharing of info in NITI road map for future pandemics

Taking a cue from the WHO, India is firming up its own pandemic preparedness programme which will lay out a blueprint for surveillance, risk assessment and mobilisation of resources to effectively tackle any pandemic outbreak in the country.

### Govt expands committee for drug and medical device pricing reforms, includes more industry representation

The committee will evaluate the availability of medicines and medical devices, the pricing of essential medicines while providing incentives to the industry to maintain growth and build sustainability in exports. The committee will soon start consultations with the industry experts and associations of both medicines and medical devices.

# Key Sectoral Highlights

## Government & Policy

**Govt directs e-commerce firms to remove drinks, beverages from 'health drinks' category**

FSSAI has noted that instances of food products licensed under 'Proprietary Food' with the nearest category Dairy-Based Beverage Mix or Cereal-Based Beverage Mix or Malt-Based Beverage being sold on e-commerce websites under the category Health Drink, Energy Drink, etc, it added.

**National Task Force: Govt forms task force on brain healthcare**

The task force will recommend ways to create systems for supportive rehabilitation infrastructure, equipped to provide services and interventions aimed at enhancing overall well-being and functioning for individuals living with Neurological conditions.

**Government asks campus medicine stores to vacate from public health institutions**

Certain campus medicine stores had approached the high court assailing the communication of the health and family welfare department issued on February 27, 2015. According to the department communication, no extension of license of on-campus medical stores was to be permitted and further, no new campus medical store was to be opened.

**ICMR to expand its clinical trial network to provide solutions for health issues**

The ICMR established INTENT, a network of medical colleges and research institutes, with an overarching goal of providing evidence-based, and culturally sensitive solutions to health issues of national priorities by conducting large, decisive, regulation-compliant clinical trials.

**No jewelry, cellphone use in ICU: Advisory to health workers**

According to DGHS Atul Goel, there is substantial evidence that wearing hand jewelry below the elbow increases total skin micro-organism counts. "Use of mobile phones, while on duty especially in critical areas like ICUs, HDUs, post-operative wards and operation theatres, pose infection risks.

# Key Sectoral Highlights

## AB-PMJAY & Insurance

### Govt forms panel to review flagship health insurance scheme

The central government has formed a panel to evaluate the design and implementation of its flagship health insurance scheme, Ayushman Bharat, and to propose improvements. The National Health Authority (NHA), which is the apex body responsible for implementing the PM Jan Arogya Yojana, has appointed Niti Aayog member Dr VK Paul to chair the panel.

### Govt gets more ambitious with its health insurance scheme

The Union health ministry plans to expand the scope of its flagship cashless health insurance scheme, covering more expensive cancer and transplant-related surgeries and treatments for individuals from poor families.

### All health schemes gradually coming under Ayushman Bharat umbrella

Coverage under India's flagship Ayushman Bharat scheme may double to Rs 10 lakh; scheme may integrate various national and state health programmes.

### IRDAI Removes Age Limits on Health Insurance Purchase

In a ground-breaking development, the Insurance Regulatory and Development Authority of India (IRDAI) has ushered in a new era in the health insurance sector. With the recent announcement, the regulatory body has eliminated the cap on buying health insurance policies, marking a significant departure from the conventional constraints that often limited individuals in securing comprehensive coverage.

### Govt releases myCGHS iOS app to 'enhance' access to healthcare services

The government has launched the 'myCGHS' app for iOS to provide Central Government Health Scheme beneficiaries access to electronic health records, information, and resources. Union Health Secretary Apurva Chandra said the app is an essential leap for CGHS in the realm of healthcare services

# Key Sectoral Highlights

## Research

**IIT Guwahati researchers develop tailored solutions based on regenerative therapies for knee meniscus tears**

Researchers from the Indian Institute of Technology (IIT) Guwahati, in collaboration with the University of Animal and Fishery Sciences, Kolkata, have developed three innovative treatment solutions for knee meniscus tears, historically challenging injuries to treat. These regenerative therapies offer personalized solutions tailored to each patient, potentially preventing future complications like osteoarthritis.

**ICMR invites researchers to conduct meta-analyses for evidence-based guidelines**

The Indian Council of Medical Research (ICMR) has invited expressions of interest from researchers to conduct systematic reviews and meta-analyses for generating evidence pertaining to lung cancer prevention, screening, diagnosis, management and palliation. Systematic reviews and meta-analyses play a crucial role in synthesizing existing evidence to inform decision-making in the management of lung cancer to guide clinical practice and improve patient outcomes.

**IISc to study ageing-based organ degeneration of Indians, propose early interventions for improved health span**

The Indian Institute of Science (IISc) in Bengaluru launched 'Longevity India', an initiative to systematically study the causes of deteriorating health conditions among the elderly and devise interventions to aid an improved health span.

**IIT Guwahati completes technology transfer to BioMed for first recombinant vaccine for Swine Fever Virus**

Indian Institute of Technology Guwahati transferred a pioneering vaccine technology to BioMed Pvt. Ltd. for a recombinant vector vaccine combating classical swine fever in pigs and wild boars, with research findings published in prestigious journals.

**Bharat Biotech begins clinical trials of TB vaccine on adults in India**

Bharat Biotech International Ltd has initiated clinical trials for the Tuberculosis vaccine Mtbvac on adults in India. Developed by the Spanish biopharmaceutical company Biofabri, Mtbvac is the first TB vaccine derived from a human source. The vaccine aims to be more effective and longer-lasting than the current BCG vaccine for newborns and to prevent TB in adults and adolescents, for whom there is currently no effective vaccine.

# Key Sectoral Highlights

## Research

**Cancer Treatment Revolution Unveiled: President Hails India's First CAR T-Cell Therapy, calls it 'new hope'**

President Droupadi Murmu launched India's first indigenously-developed CAR T-cell therapy for the treatment of cancer. The president hailed the development as a "major breakthrough" and said that it provides a "new hope for humankind" in the battle against the disease.

**Indian-American physician leads 'Project Asha' for oncology clinical trials in India**

The mandate of Project Asha involves conducting dialogues with stakeholders to assess the current landscape of interventional oncology clinical trials in India, navigating regulatory challenges, and pinpointing barriers to trial implementation.

**Prostate cancer cases to double between 2020 and 2040, deaths to rise by 85 per cent: Lancet study**

The commission called for evidence-based interventions, including early detection and diagnosis, along with education and awareness programmes, to help save lives from prostate cancer in the coming years.

## Others

**Digital database of organ donors on cards for smooth transplants**

The government plans to create a national digital organ donor register, which will maintain a confidential record of prospective donors, said people with knowledge of the matter. It is likely to be taken up as part of the near-term agenda and could be rolled out by the end of the year, they said. The move, on the lines of the national population register, is aimed at building a comprehensive database of available organ donors to meet increasing demand for organ transplant in the country.

**India 'cancer capital of the world', sees fastest rise in cases worldwide, says report**

A recent report on India's health landscape unveiled alarming trends in non-communicable diseases (NCDs), with cancer cases skyrocketing across the country, as per a PTI report.

# Key Sectoral Highlights

## Others

**NHAI inks 5-year contract with HLL Lifecare to strengthen incident management systems; assist road accident victims**

The National Highways Authority of India (NHAI) has partnered with HLL Lifecare, a public sector undertaking under the Ministry of Health and Family Welfare, to enhance incident management systems and aid accident victims on national highways. This five-year agreement aims to reduce fatalities from road accidents.

**NABH encouraging hospitals to adopt clean practices, promoting climate action**

The National Accreditation Board for Hospitals & Healthcare Providers (NABH) will issue guidelines to introduce clean practices and promote climate action and sustainability in hospitals.

**IIT Kanpur partners with defence PSU Gliders India for innovation in healthcare**

As part of the corporate social responsibility (CSR) collaboration, Gliders India will provide financial assistance and mentorship to startups incubated at SIIC working on advanced medical technologies, digital health solutions, telemedicine applications, and healthcare infrastructure innovations.

**Ayurveda, alternative medicine to get an accreditation nudge**

Ayurvedic wellness centres, homeopathy clinics and Unani hospitals across the country may soon have integrated accreditation standards, as the government pushes to widen the reach and popularity of alternative medicine

**WHO offers genAI health assistant with enhanced empathetic response**

The World Health Organization said it has expanded its generative artificial intelligence assistant, first launched during the COVID-19 pandemic as Florence, to help people everywhere live healthier lives. S.A.R.A.H. is a 24/7 digital health promoter prototype, available by video or text in eight languages, trained with biological artificial intelligence to provide health information, including mental health resources.

# Key Sectoral Highlights

## Others

**AstraZeneca acknowledges covid vaccine can lead to rare side effect TSS in court**

In a legal document submitted to the High Court, the multinational pharmaceutical company admitted, "It is admitted that the AZ vaccine can, in very rare cases, cause TTS. The causal mechanism is not known."

## Industry

**India's healthcare care innovation market to double to $60 billion by FY28, says new report**

The report outlines the opportunity in healthcare innovation where companies increasingly leverage emerging technologies to add innovation vectors—including new business models, software-led solutions, and products—that extend beyond more longstanding value engineering considerations.

**'Demand for Indian healthcare profs to double nationally, globally by 2030'**

Global shortage and an ageing population have spurred the demand for Indian healthcare professionals who are highly respected in the international markets for their skills, NLB Services CEO Sachin Alug told PTI.

**India's healthcare sector reflects 12.59 per cent growth in 2024-25**

The hospital market in India, valued at USD 98.98 billion in 2023, is set to continue its upward trajectory, with projections indicating a CAGR of 8.0 per cent from 2024 to 2032. By 2032, the market is estimated to reach value of USD 193.59 billion.

**Diagnostic equipment market is to reach close to $6 billion by 2027**

The Indian medical diagnostic equipment industry is expected to reach close to $6 billion by 2027, up from about $4 billion in CY23, supported by multiple favourable factors.

# "AI IN HEALTHCARE: VIEWS OF A CLINICIAN TRAINED IN THE BC ERA"

Artificial Intelligence (AI) is gradually becoming a crucial part of the healthcare system. Advanced AI techniques are revealing clinically relevant information hidden within vast amounts of data. The "A" in AI should stand for Augmenting, Amplifying, Accelerating, Assisting, and Analyzing in an Ambient milieu. When fully realized, tomorrow's 5P medicine—Predictive, Personalized, Precision, Participatory, and Preventive—will have AI as a major component. Considering that 80% of the 41 zettabytes (410 trillion GB) of digital information currently available is unstructured, AI has the potential to detect patterns and trends that are beyond human comprehension. However, as a neurosurgeon trained in the 20th century, I am concerned that in our eagerness to be future-ready and stay ahead of the curve, we may overlook crucial aspects. It is natural, native intelligence that led to the birth of AI. In a world where algorithms make diagnoses, wearables track vital signs, and robots are remotely controlled to perform surgical procedures, will clinicians from the past eventually become an endangered species?

When AI recommends CAR T-cell therapy, for example, does it consider that the specific patient cannot afford 40 lakhs INR? Nothing is more devastating than being advised to undergo a treatment that is financially unfeasible. Using my old-fashioned natural intelligence, I would have exercised discretion and not even discussed this management option. In the 1970s, "personalized medicine" prioritized affordability over genomics!

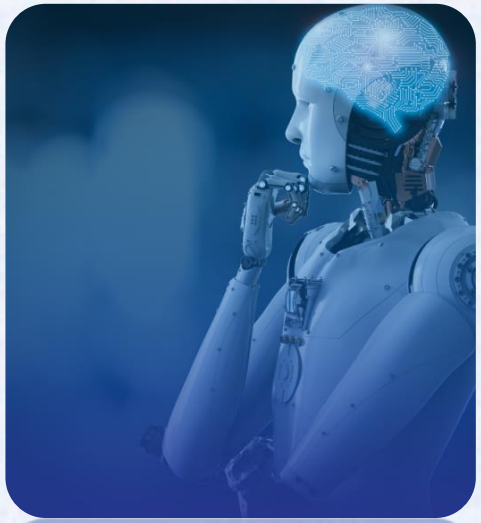


**Dr K Ganapathy**
Director Apollo Telemedicine Networking Foundation &,
**Apollo Tele Health Services**

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# "AI IN HEALTHCARE: VIEWS OF A CLINICIAN TRAINED IN THE BC ERA"





In the real world, all are equal, but some are more equal than others- until Universal Health Coverage becomes a reality. Does an AI recommendation take into account what the patient and the family want? The algorithm, no doubt trained and validated by considering tens of thousands of variables, offers a best-fit solution- superior to an individual specialist's experience.

However, the family physician of the 20th century also considers numerous non-technical factors. We must recognize that AI is merely an enabler, a co-pilot at best. If machine learning-based algorithms are to be accountable and trustworthy, medical ethics and humane values must be integrated. A smart, empathetic clinician using AI will become smarter. A mediocre clinician using AI will not necessarily improve. The Hippocratic Oath may need to be replaced with a Robocratic Oath. After all, "To err is ChatGPT, to forgive is human"!

# "NURSES RUN HOSPITALS"

Imagine a day you spent in a Hospital as a patient. Your doctor may see you for 10 minutes in a day. A Nurse will see you for the rest of the time. Still, you will thank your Doctor when you leave the Hospital not realizing that it was the Nurse who cared for you, withstood the wrath of the attendants, the supervisors, the Nursing head, the residents, the consultant, and the administrators. Have you ever thought about when he/she last had a family outing? Attended a parent-teacher meeting? Got a day off to have a time of her own? The greatness is that they don't pass their emotions to their patients and continue to perform Service before Self.

Doctors are no doubt the business drivers, but Nurses are the backbone of the hospitals. They are the interface between the Healthcare system and the clientele. Our Board room policies are delivered to the patients by the Nurses. All our National programs are practically implemented by the Nurses. Still, they remain undervalued lowly paid, least empowered, and deprived of the attention they deserve. No growth, no career progression.

In India, Nursing education is practically controlled by private players with commercial intent and are grossly substandard. The National Medical Council is on an overdrive to set standards for Medical Education. The Indian Nursing Council needs to be more assertive to get the Nurses a better deal in terms of training, wages, welfare, etc. Why so much disparity between Qualified Nurses and Qualified doctors? Both train for 4-5 years. This is leading to reverse migration.



**Lt Gen (Dr) AK Das**
Group Medical Director
**Marengo Asia Hospitals**

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# "NURSES RUN HOSPITALS"



On the one hand we are promoting medical value travel but doing nothing to retain trained Nurses. We have a perpetual shortfall of Qualified Doctors. It will be worthwhile to add value and upskill and empower Nurses. The Healthcare Skills Council of India has designed many healthcare courses to upskill candidates in Industry-related fields in pursuance of the Skill India Program. Hospitals are encouraged to adopt these schemes in National and organisational interest. It will be improper to steal the thunder from organisations who are very proactively undertaking Nursing training very seriously.

I only wish to emphasise that Nurses are a National resource and constitute the single largest HR segment in any Hospital that often has misplaced priorities in not realising that Investing in Nurses will give rich dividends in terms of Quality of care, Patient outcomes, Experience, and Brand value. Quality is remembered much after the cost is forgotten.  Care for your Nurses. They will take care of the Business.

# "Immediate Attention Required: Unveiling the Urgency of Addressing Pollution's Neurocognitive Impacts"

Pollution poses a significant threat to neurological health, affecting air, water, and soil. The toxic substances it contains disrupt human physiology, leading to various disorders like cancer, cardiovascular issues, respiratory problems, and neurological dysfunctions. Despite our understanding of how these toxins interfere with cellular functions, the exact mechanisms behind their neurotoxic effects remain unclear. Each year, pollution is accountable for approximately 9 million deaths globally, equating to one out of every six deaths worldwide. Urbanization and climate change worsen pollution, especially from burning fossil fuels, making it more harmful to the brain. The Lancet Commission highlights pollution's role in ecosystem destruction and climate change, emphasizing its profound implications for neurological well-being.



**Dr Man Mohan Mehndiratta**
Senior Director, Dept of Neurology
**B.L. Kapur Hospital Centre for Neurosciences**
*Co-Author*- **Dr Vasundhara Aggarwal**
Associate Professor (Neurology)

In the complex realm of human biology, brain is central to our productivity and functionality. However, pollution emerges as a significant threat, disrupting neuronal processes at various levels, from macroscopic to microscopic, and affecting protective barriers like the blood-brain barrier and blood-axon barrier. Vulnerable regions such as the area postrema, hypothalamus, pineal gland, and nerve terminals lack sufficient protection, making them susceptible to harm from neurotoxic pollutants. These toxins infiltrate the central nervous system, causing neuroinflammation and neurodegeneration.

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# “Immediate Attention Required: Unveiling the Urgency of Addressing Pollution's Neurocognitive Impacts”

**Flowchart lists various environmental pollutants causing neurological disorders**

**Chemical toxins**

PCBs, TCDD, PFAs (plastics and dyes) and heavy metals like arsenic and mercury, along with warfare agents like Sarin, persist in aquatic ecosystems and cause peripheral neuropathies and encephalopathies.

**Radiation exposure**

Sunlight, x-rays, radio waves, and particle radiation like alpha and beta particles and neutrons, can lead to skin burns, cancer, and congenital disabilities.

**Biological agents**

Phytotoxins from plants and fruits, mycotoxins from fungi, and algae toxins from cyanobacteria. These toxins can cause various neurological disorders like lathyrism, hypoglycemic encephalopathy, and atypical parkinsonism, with manifestations ranging from movement disorders to epileptic encephalopathy

**Air pollutants**

Carbon monoxide, carbon dioxide, sulfur dioxide, lead, ozone, and particulate matter are commonly released from sources like fossil fuels and domestic fires. They affect children and pregnant women the most, impacting blood and brain health. Particulate matter includes coarse, fine, and ultrafine particles, posing significant health risks.

**Infectious diseases**

Neurotropic viruses, bacterial infections such as diphtheric toxin, and protozoal diseases like malaria. These diseases can lead to various neurological conditions such as West Nile encephalitis, Zika virus infection, yellow fever, dengue fever, and even COVID-19, all of which pose significant threats to neurological function and overall well-being.

**Pesticides**

DDT and pyrethroids are responsible for bio-magnification within food webs, leading to the accumulation of chemicals in organisms

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# “Immediate Attention Required: Unveiling the Urgency of Addressing Pollution's Neurocognitive Impacts”

Urbanization and climate changes worsen pollution's impact, particularly in low and middle-income countries, increasing the risk of airborne infections. The timing, concentration, and duration of exposure to environmental toxins influence neurotoxicity, with extremes of age being particularly vulnerable. Pollution's impact on the brain manifests in various neurological disorders, including encephalopathies, dementia, movement disorders, autism, neuropsychiatric symptoms, and peripheral neuropathies. Both acute and chronic exposure to pollutants contribute to these conditions, with air pollution notably linked to stroke, neurodegenerative disorders, headache disorders, movement disorders, and neurodevelopmental delays 3,4,5.



Addressing environmental neurotoxicity requires collaborative efforts in research, policy-making, and public awareness. Comprehensive strategies, such as tighter environmental regulations, improved waste management, investment in clean energy sources, and conservation-focused urban planning, are essential for mitigating pollution's impact on neurological health and ensuring environmental sustainability. Public education initiatives play a crucial role in raising awareness and encouraging action to minimize risks from environmental neurotoxins. Urgent action is needed to navigate the complexities of environmental neurotoxicity and safeguard neurological health for future generations.

Health Services Update

# FICCI Eastern Region Roundtable on
## 'Road Map for Making Cancer Care Affordable and Accessible in India'
### March 1, 2024, at KIIT Campus, Bhubaneswar




*L: R*- **Mr Ambika P Mohanty**, Principal, KIMS; **Dr. Susanta Swain** Additional Director - NCD, Government of Odisha; **Ms Indrani Kaushal,** Joint Secretary, Ministry of Health & Family Welfare; **Mr Raj Gore**, Co-lead, FICCI Task Force on Cancer Care and CEO, Healthcare Global Enterprises Limited (HCG); **Dr Bishnu Panigrahi**, Chair of the Task Force on Healthcare Costing, FICCI HS Committee

FICCI organized its 3rd Regional Roundtable on Cancer Care Roundtable on **March 1, 2024** at KIIT Campus, **Bhubaneswar** for the Eastern Region. It witnessed about **40 participants** including senior officials from the Government of Odisha, clinicians and industry experts in the area of oncology and was Chaired by **Ms Indrani Kaushal**, Joint Secretary, MoHFW, Government of India.

## KEY RECOMMENDATIONS

### Awareness and Prevention:
- Increase tobacco awareness at grassroots levels in North-eastern states.
- Support programs for students to quit tobacco.

### Treatment – Access:
- Define a minimum standard of care for cancer centers.
- Expand access to radiotherapy using existing infrastructure.
- Increase availability of targeted therapies and oral chemotherapy.
- Upskill healthcare workers and mandate MD radiotherapy programs.

### Screening:
- Universal HPV screening.
- Integrate cancer screening into PMJAY.
- Ensure mammography is available at district hospitals.
- Expand screening with a hub and spoke model.

### Treatment – Affordability:
- Government schemes to cover complete cancer treatment.
- Flexible reimbursements based on patient needs.

### Other Recommendations:
- Declare cancer a notifiable disease.
- Promote telemedicine and digital tools.
- Incentivize oncology studies, particularly in the northeast.
- Establish forums to share cancer care advancements.

# Recommendations submitted to the Government

**March-April, 2024**

## Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

National Health Authority has constituted an expert committee under the chairmanship of Dr VK Paul, Hon'ble Member (Health), NITI Aayog, to review the design and implementation of AB PM-JAY. The committee has representation from different stakeholders' groups including officials and non-officials.

Inputs were sought from different associations representing private healthcare service providers regarding various aspects of scheme implementation and a meeting was organised where representatives of selected Associations presented their feedback and suggestions on the Scheme. FICCI has submitted its suggestions as well as the costing study conducted in 2018 for their consideration. Dr Harsh Mahajan, Dr Bishnu Panigrahi and Air Vice Marshall Dr Ashutosh Sharma represented FICCI.

## Draft Proposal for Inclusion in the Indian Pharmacopoeia

FICCI submitted comments and suggestions from its members associated with hospitals and pharmaceutical sectors on the draft proposal for the classification and use of antiseptics, disinfectants, and sporicidal agents. The recommendations are aimed to enhance the clarity, effectiveness, and safety guidelines outlined in the draft.

## Suggestions for framing the guidelines to regulate the conduct and broadcast of live surgeries

Earlier FICCI had submitted its inputs and suggestions to the Ethics and Medical Registration Board of NMC on this important issue. Dr Harsh Mahajan represented the industry and gave a presentation in a recent meeting held by NMC committee constituted for framing these guidelines. FICCI presentation included the benefits of live surgeries broadcast, specific issues in the write petition submitted on this and gave recommendations on assessing the complications and defining protocols for such broadcasts, along with processes for informed consent and confidentiality.

औषध विभाग
Department of Pharmaceuticals
सत्यमेव जयते

# Inauguration of Greenfield Projects under PLI Scheme for Bulk Drug and Medical Devices

## 2nd March 2024, FICCI, New Delhi




**L-R:** **Mr SK Pathak**, Secretary General, FICCI; **Dr Arunish Chawla**, Secretary, DoP, MoC&F, GoI; **Dr Mansukh Mandaviya**, MoC&F and MoHFW, GoI; **Mr Rajesh Kumar Singh**, Secretary, DPIIT, MoCI, Government of India; **Mr Kamlesh K Pant**, Chairman, NPPA

FICCI, jointly with the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India, organized the virtual inauguration of 27 Greenfield Bulk Drug Park projects and 13 Greenfield Manufacturing Plants for Medical Devices under the PLI Scheme, by **Dr Mansukh Mandaviya**, Hon'ble Minister of Chemicals & Fertilizers and Health & Family Welfare, Government of India.

Dr Mansukh Mandaviya remarked "The PLI scheme is a result of wide-ranging deliberations on India's dependence on critical resources, risk to supply chain bottlenecks and the industry's global competitiveness. It is noteworthy that today India has not only reduced its dependence on medicines, API and medical devices, the country is also emerging as a major exporter of these products, thanks to the success of the PLI scheme"

The event witnessed an audience of more than 150 participants, including Government stakeholders from relevant departments, PLI beneficiaries, Pharma & Medical Devices industry representatives, Pharma & Medical Devices Associations and Media Houses.

औषध विभाग
Department of
Pharmaceuticals
सत्यमेव जयते

# Key Pharma Sector Meetings held

March-April

FICCI




## Roundtable on Rare Diseases "A Ray of Hope"

March 22nd at FICCI, New Delhi

The closed-door roundtable on Rare Diseases "A Ray of Hope" was successfully held on 22nd March 2024 at FICCI, Federation House and over thirty members attended the meeting in person. The discussion witnessed deliberations on Rare Disease Policy implementation Challenges and Opportunities at FICCI. The round table brought together various stakeholders to identify challenges at policy, system and operational levels and discussed possible solutions.

## Industry Stakeholder Consultation with PwC & CLG on UCPMP 2024

April 4th (Virtual)

In an effort to submit FICCI Pharma Committee's views on recently released Uniform Code for Pharmaceutical Marketing Practices (UCPMP) 2024, a Virtual Interaction was convened on 4th April 2024. The meeting was jointly attended by prominent industry stakeholders, PricewaterhouseCoopers International Ltd & Corporate Law Group.

Further, key takeaways from the meeting on updated code and consolidated inputs have been submitted, including implications of the code on industry practices & challenges of enforcement, along with the areas of concerns and suggestions with rationale.

# Medical Value Travel Committee Meeting

## 23rd April 2024

The first meeting of the **FICCI MVT Committee** for the year 2024 concluded successfully on **23rd April 2024** at FICCI, Federation House. Over 30 members from the leading hospitals and medical value travel facilitator organizations joined the meeting for discussion on various aspects like industry trends, challenges, opportunities, and strategies for growth of the sector.

**Chair: Dr Ashutosh Raghuvanshi**, MD & CEO, Fortis Healthcare

**Co-Chair: Mrs Upasana Arora,** Managing Director, Yashoda Super Specialty Hospitals

**Co-Chair: Dr Raajiv Singhal,** Managing Director and Group CEO, Marengo Asia Hospitals

**Advisor: Dr Narottam Puri,** Advisor FICCI Health Services; Principal Advisor, QCI; Former Chairman- NABH; Advisor- Med Ops, Fortis Healthcare

**Subgroups were formed which would focus on the following areas:**

- Medical Value Travel Policy Development
- Regulatory Framework
- MVT Brand India Promotion and Facilitation
- Market Research and Analysis






Smart HWCs Update

DigiSwasthya

FICCI

ALVL Foundation
Transforming Primary Health

# Visits and Gap Assessment of Ayushman Arogya Mandir (HWCs) in Lucknow, UP by FICCI in collaboration with ALVL Foundation & DigiSwasthya






FICCI, under its Swasth Bharat Task Force has signed an MoU with NHM, UP to demonstrate a pilot on upgrading ~30 HWCs to Smart HWCs by facilitating them to cover all 12 areas under the comprehensive primary care of Ayushman Bharat. This is being done in partnership with NATHEALTH, OMAG and our collective industry members.









# Healing Hands: The Birth of DigiSwasthya



In the heart of rural Uttar Pradesh, where life unfolds at a leisurely pace amidst the verdant fields and bustling villages, a young cancer survivor embarked on a journey that would change the landscape of healthcare forever. Sandeep Kumar, who won the battle against childhood cancer, fuelled by his own experiences of navigating the labyrinth of healthcare systems, he envisioned a world where quality healthcare was not a luxury, but a fundamental right.



With a strong determination to bridge the gaping chasm of healthcare inequality that plagued rural communities, he set out to establish **DigiSwasthya — a telemedicine venture** aimed at bringing expert care to the doorstep of rural India.

Through teleconsultations, health camps, and community outreach initiatives, DigiSwasthya quickly became a beacon of hope for those who had long been overlooked by the traditional healthcare.



With over **54,333 consultations conducted,** a network of 5 telemedicine centers established, and a team of over **170 dedicated doctors**, DigiSwasthya's impact reverberated far and wide, touching the lives of thousands. But perhaps the most remarkable aspect of DigiSwasthya's journey was not the numbers or statistics, but the human stories that unfolded along the way. From farmers seeking advice on managing chronic pain to mothers seeking prenatal care,



DigiSwasthya became a lifeline for those in need, offering support and guidance in their darkest hours. As the sun sets over the tranquil villages, the legacy of DigiSwasthya continues to grow — a testament to the transformative power of resilience, community, and collective action. Through his unwavering commitment to change, he not only transformed his own life but also touched the lives of countless others, proving that even in the face of adversity, healing is possible

# About FICCI Health Services

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

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

**For COVID-19, FICCI was actively engaged with various government departments at multiple levels through:**

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

## FICCI Health Sector Committees-

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- **MedTech**
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- **Swasth Bharat** *(Public Health)*
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