

2ND
CONFERENCE
ON

HEALTH SECURITY FOR ALL

Access to Quality & Affordable Healthcare

1ST JUNE 2017

TAKING CARE OF UNDERPRIVILEGED LIVES, PAN INDIA.



Illustrates through
action the core values
of the Max Group of
"Caring for Life"
and "Seva Bhav"

Dr. Jagdish Prasad
M.S. M.Ch., FIACS
Director General of Health Services



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दिनांक/Dated.....

MESSAGE

In India, Health Security with Quality & Affordable Healthcare facilities is a major challenge. The country is facing a double burden resulting from significant increase in non-communicable diseases (NCDs) associated with lifestyle and the pre-existing burden of communicable diseases. Numerous government-funded schemes have been initiated and implemented such as Rashtriya Swasthya Bima Yojana (RSBY) to cover the cost of secondary-level hospitalization which caters to the targeted populations such as the most disadvantaged section of the society, including those below the poverty line. However, still large number of population is abstained from accessing the health services. To sustain its economic growth, India will need to have a disease free population and address health inequities.

I convey my best wishes to The Associated Chamber of Commerce and Industry of India (ASSOCHAM) for organizing 2nd Conference on Health Security for ALL : "Access to Quality & Affordable Healthcare" on 1st June, 2017 at New Delhi.


(Dr. Jagdish Prasad)



Health for ALL is critical component of the United Nations' 2030 agenda for Sustainable Development. Accessibility, quality, affordability of healthcare facilities & health security are the world's most pressing issue. Today, India is facing a formidable challenge on Health Security front both in numbers and complexities. There is no doubt that urgent attention is needed to address the issues concerning **Health Security with Quality & Affordable Healthcare facilities**.

Already existing communicable diseases along with the escalating epidemics of non-communicable and life-style diseases posing the major challenge. Hence, to sustain its economic growth, concerted efforts, sincere dialogues, efficient public health response systems are need of hour.

I would like to extend my heartiest thanks to ASSOCHAM Knowledge Partner, Max India Foundation for bringing out this highly informative study.

Also, **The Associated Chamber of Commerce and Industry of India (ASSOCHAM)** extends its special thanks to the Ministry of Health & Family Welfare and other partners for supporting **2nd Conference on Health Security for ALL : "Access to Quality & Affordable Healthcare"** on Thursday, 1st June, 2017, at New Delhi.

A handwritten signature in black ink, appearing to read 'D. S. Rawat'. The signature is fluid and cursive, with a long horizontal stroke at the end.

(D. S. Rawat)
Secretary General






MESSAGE

We congratulate ASSOCHAM for organising the 2nd Conference on "Health Security for All". Max India Foundation is happy and privileged to once again be the Knowledge Partner.

Last year at the 1st Conference on 26th May 2016, we had several luminaries like Dr. Misra, Director- AIIMS, Dr. K. K. Kalra, CEO - NABH, Dr. R. K. Kataria, Medical Commissioner, Employees' State Insurance Corporation of India, Dr. Nayan Shah, Managing Director - Paramount Health services TPA Pvt. Ltd., Dr. B.K.Rao, Chairman - National Council of Healthcare & Hospitals, ASSOCHAM, who deliberated on "Challenges, Solutions and Opportunities" to Health Security for All. The panel was unanimous in suggesting affordable health insurance as the need of the hour. Coupled with intensive health awareness, better health delivery and focus on hygiene and sanitation, this would effect a significant improvement in the situation.

This year the focus of the conference is on "Access to Quality and Affordable Healthcare". While we continue last year's conversation, we have decided to highlight the salient points of the recently announced National Health Policy 2017, which has infused hope and optimism.

We look forward to hear eminent leaders in this field on a common platform whereby we can pool information and synergy and arrive at do-able solutions under the aegis of the Ministry of Health and Family Welfare.

A handwritten signature in black ink that reads "Mohini Daljeet Singh". The signature is fluid and cursive.

Mohini Daljeet Singh
CEO
Max India Foundation

The Ailing Health Care Canvas of India- Background

'Health for All' has been eluding India since independence. Despite having made significant gains on various socio-economic indicators, India continues to lag behind on several health indicators such as mortality rates and malnutrition. Home to 17.5% of earth's population, India accounts for 20% of the global burden of disease. Slow progress on the health front is attributed to low expenditure on health by the Government. In India, 1.15 percent of GDP is spent on health expenditure [compared to a global average of 4.9%] which is very little given the mammoth size of the issue to be tackled. Public health expenditure in India remains among the lowest in the world. Further, the public health expenditure is not just low, it is

also regressive. The lowest income classes benefit less from the public health system than the better-off sections of society.

India accounts for one-fifth [20%] of the global burden of disease, 27% of all neonatal deaths and 21% of all child deaths (younger than five years) coupled with the growing incidence of non-communicable diseases such as diabetes. Also, India faces a higher disease burden than other emerging economies such as China, Indonesia, Brazil, Mexico and Sri Lanka. According to a 2010 World Bank estimate, India loses 6% of its gross domestic product (GDP) annually because of premature deaths and preventable illnesses. One major reason of the high disease

burden is the non-availability of doctors and nurses as well as inadequacy of healthcare institutions. Only 11.3% of registered allopathic doctors were working in the public sector as of 2014, and even among these, the number in rural areas was abysmally low.

India has one of the highest proportions of out-of-pocket expenditure on health because of low insurance coverage and weak public health systems, which forces even poor people to visit private medical practitioners, and drives up average health costs. High healthcare costs often lead people to delay treatment thereby aggravating health problems.

The National Health Policy 2017 faces the challenging task of ensuring affordable, quality medical care to every citizen with special focus on the underprivileged. The 2017 Policy admits that "growing incidences of catastrophic expenditure due to health care costs" are estimated to be "one of the major contributors to poverty".

National Health Policy 2017

Access to Quality & Affordable Healthcare

The Union Cabinet chaired by the Prime Minister Shri Narendra Modi in its meeting on 15th March 2017 approved the National Health Policy, 2017 (NHP, 2017). The Policy has come after a gap of 15 years [last National Health Policy was framed in 2002] to address the current and emerging challenges necessitated by the changing socio-economic, technological and epidemiological landscape.

The new National Health Policy has been necessitated because the context has changed in four major ways. First, the health priorities are changing. Although maternal and child mortality have rapidly declined, there is growing burden on account of non-communicable diseases and some infectious diseases. The second important change is the

emergence of a robust health care industry estimated to be growing at double digit. The third change is the growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty. Fourth, a rising economic growth enables enhanced fiscal capacity. Therefore, the New Health Policy has responded to these contextual changes.

The primary aim of the National Health Policy, 2017 is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions – investments in health, organization and financing of healthcare services, prevention of diseases and promotion of good health

through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base required for better health, developing better financial protection strategies, strengthening regulation and health assurance. The Policy emphasizes reorienting and strengthening the Public Health Institutions across the country, so as to provide universal access to free drugs, diagnostics and other essential healthcare.

This document aims to capture the core essence of The Health Policy 2017 by highlighting the key thrust areas as well as national targets in a quick summarized manner for the benefit of all.

“The National Health Policy marks a historic moment in our endeavour to create a healthy India where everyone has access to quality healthcare.”

Mr. Narendra Modi
Prime Minister of India

“ The Policy has at its centre, the person who seeks and needs medical care. It is aimed at reaching healthcare in an assured manner to all, particularly the underserved and underprivileged. **”**

Mr. J. P. Nadda
Union Minister for Health & Family Welfare

Objectives

Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality.

Progressively Achieve Universal Health Coverage

- Assuring availability of free, comprehensive primary health care services, for all aspects of reproductive, maternal, child and adolescent health and for the most prevalent communicable, non-communicable and occupational diseases in the population. The Policy also envisages optimum use of existing manpower and infrastructure as available in the health sector.
- Ensuring improved access and affordability, of quality secondary and tertiary care services through a combination of public hospitals and well measured strategic purchasing of services in health care deficit areas, from private care providers, especially the not-for profit providers.
- Achieving a significant reduction in out of pocket expenditure due to health care costs and achieving reduction in proportion of households experiencing catastrophic health expenditures and consequent impoverishment.

Reinforcing Trust in Public Health Care System

- Strengthening the trust of the common man in public health care system by making it predictable, efficient, patient centric, affordable and effective, with a comprehensive package of services and products that meet immediate health care needs of most people.

Align the Growth of Private Health Care Sector with Public Health Goals

- Influence the operation and growth of the private health care sector and medical technologies to ensure alignment with public health goals. Enable private sector contribution to making health care systems more effective, efficient, rational, safe, affordable and ethical. Strategic purchasing by the Government to fill critical gaps in public health facilities would create a demand for private health care sector, in alignment with the public health goals.

Highlights of National Health Policy 2017

A Road Map for Health

The Policy advocates a progressively incremental assurance-based approach. It envisages providing larger package of assured comprehensive primary health care through the 'Health and Wellness Centers'. This Policy denotes important change from very selective to comprehensive primary health care package which includes care for major non-communicable diseases (NCDs), geriatric health care, mental health, palliative care and rehabilitative care services.

This Policy looks at problems and solutions holistically with private sector as strategic partners. It seeks to promote quality of care. Focus is on emerging diseases and investment in promotive and preventive healthcare. The Policy is patient centric and quality driven.

The Policy aims at delivering quality health care services to all at affordable cost. The Policy proposes raising public health expenditure to 2.5% of the GDP in a time bound manner by 2025. It advocates allocating major proportion (two-thirds or more) of resources to primary care followed by secondary and tertiary care. It aims to ensure

availability of two beds per 1,000 population distributed in a manner to enable access within golden hour [the first hour after traumatic injury, when the victim is most likely to benefit from emergency treatment]. The Policy aspires to provide at the district level most of the secondary care which is currently provided at a medical college hospital.

The Policy seeks to ensure improved access and affordability of quality secondary and tertiary care services through a combination of public hospitals and strategic purchasing in healthcare deficit areas from accredited non-governmental healthcare providers [as a short term measure to supplement and fill critical gaps in the health system]. In order to improve health status, the Policy aims to achieve significant reduction in out of pocket expenditure due to healthcare costs, reinforce trust in public healthcare system and influence operation and growth of private healthcare industry as well as medical technologies in alignment with public health goals.

In order to provide access and financial protection, the Policy proposes free drugs, free

diagnostics and free emergency and essential health care services in all public hospitals. It also looks at reforms in the existing regulatory systems both for easing drugs and devices manufacturing to promote Make in India and also reforming medical education.

The NHP, 2017 advocates a positive and proactive engagement with the private sector for critical gap filling towards achieving national goals. It envisages private sector collaboration for strategic purchasing, capacity building, skill development programmes, awareness generation, developing sustainable networks for community to strengthen mental health services, and disaster management. The Policy also advocates financial and other incentives for encouraging the private sector participation.

The Policy focuses on tackling the emerging challenge of non-communicable diseases (NCDs) by supporting an integrated approach where screening for the most prevalent NCDs with secondary prevention would make a significant impact on reduction of morbidity and preventable mortality.

Goal

The Policy envisages as its goal the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.



The Policy assigns specific quantitative targets aimed at reduction of disease prevalence/ incidence, for health status and programme impact, health system performance and system strengthening. It seeks to strengthen the health, surveillance system and establish registries for diseases of public health importance, by 2020. It also seeks to align other policies for medical devices and equipment with public health goals.

The Policy aspires to elicit developmental action of all sectors to support Maternal and Child survival. The Policy strongly recommends strengthening of general health systems to prevent and manage maternal complications, to ensure continuity of care and emergency services for maternal health. The Policy endorses the national consensus on accelerated achievement of neonatal mortality targets and 'single digit' stillbirth rates through improved home based and facility based management of sick newborns. District hospitals must ensure screening and treatment of growth related problems, birth defects, genetic diseases and provide palliative care for children.

The Policy affirms commitment to pre-emptive care (aimed at pre-empting the occurrence of diseases) to achieve optimum levels of child and adolescent health. The policy envisages school health programmes as a major focus area as also health and hygiene being made a part of the school curriculum. The policy gives special emphasis to the health challenges of adolescents and long term potential of investing in their health care.

The Policy declares that micronutrient deficiencies would be addressed through a well- planned strategy. Focus would be on reducing micronutrient malnourishment and augmenting initiatives like micronutrient supplementation, food fortification, screening for anaemia and public awareness.

The Policy emphasizes universal immunization. Priority would be to further improve immunization coverage with quality and safety [as per National Vaccine Policy 2011] and introduction of newer vaccines based on epidemiological considerations. The focus will be to build upon the success of Mission Indradhanush and strengthen it.

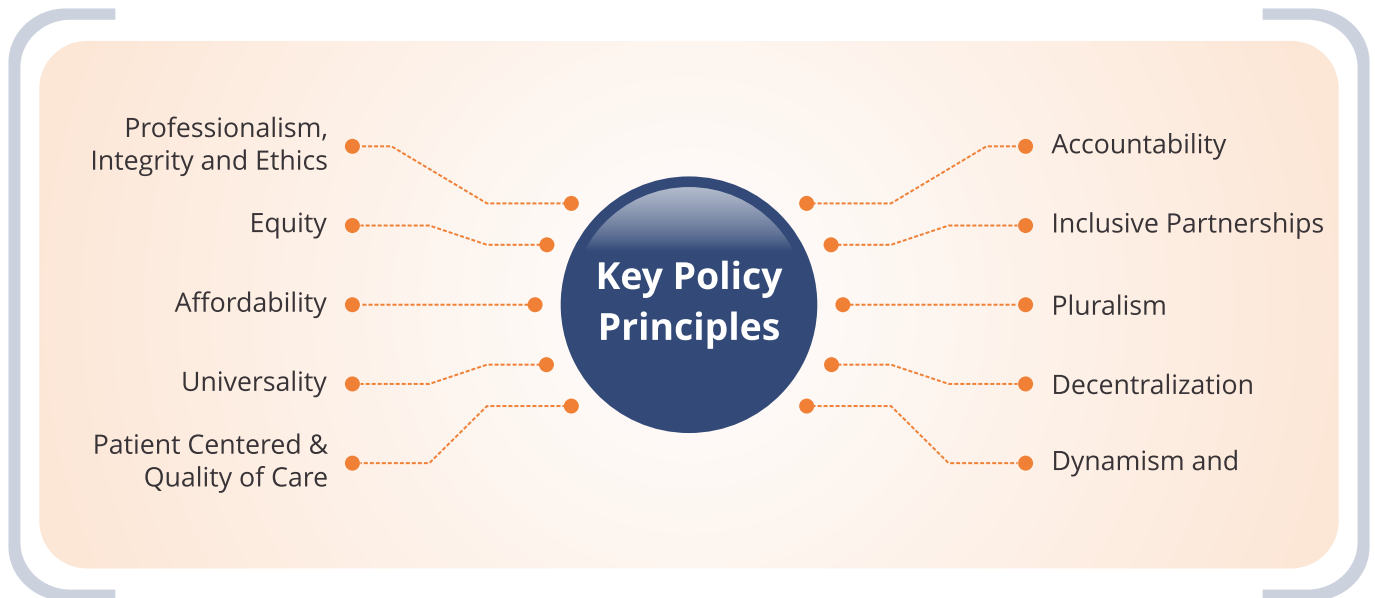
Major Thrust on Organization of Public Health Care Delivery

The Policy proposes seven key policy shifts in organizing health care services:

- In primary care - from selective care to assured comprehensive care with linkages to referral hospitals.
- In secondary and tertiary care - from an input oriented to an output based strategic purchasing.
- In public hospitals - from user fees & cost recovery to assured free drugs, diagnostic and emergency services to all.
- In infrastructure and human resource development - from normative approach to targeted approach to reach under-served areas.
- In urban health - from token interventions to on-scale assured interventions, to organize Primary Health Care delivery and referral support for urban poor. Collaboration with other sectors to address wider determinants of urban health is advocated.
- In National Health Programmes - integration with health systems for programme effectiveness and in turn contributing to strengthening of health systems for efficiency.
- In AYUSH services - from stand-alone to a three dimensional mainstreaming.

In order to leverage the pluralistic health care legacy, the Policy recommends mainstreaming the different health systems. Towards mainstreaming the potential of AYUSH, the Policy envisages better access to AYUSH remedies through co-location in public facilities. Yoga would also be introduced much more widely in school and work places as part of promotion of good health.

The Policy advocates development of mid-level service providers, public health cadre, nurse practitioners to improve availability of appropriate



health human resource. The Policy supports voluntary service in rural and under-served areas on pro-bono basis by recognized healthcare professionals under a 'giving back to society' initiative.

The Policy advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and proposes establishment of National Digital Health Authority

(NDHA) to regulate, develop and deploy digital health across the continuum of care.

The Policy looks to empower patients by setting up tribunals where patients can seek redressal of grievances over treatment. It aims to improve and strengthen the regulatory environment by putting in place systems for setting standards and ensuring quality of healthcare.

Major Thrust on Preventive and Promotive Health

The Policy identifies coordinated action on following seven priority areas for improving the environment for health. This is in line with the emergent international "Health in All" approach as complement to Health for All.

- The *Swachh Bharat Abhiyan*
- Balanced, healthy diets and regular exercises
- Addressing tobacco, alcohol and substance abuse
- *Yatri Suraksha* – preventing deaths due to rail and road traffic accidents
- *Nirbhaya Nari* – action against gender violence
- Reduced stress and improved safety in the work place
- Reducing indoor and outdoor air pollution

The Policy also articulates the need for the development of strategies and institutional mechanisms in each of these seven areas, to create *Swasth Nagrik Abhiyan*—a social movement for health. It recommends setting indicators, their targets as also mechanisms for achievement in each of these areas.

Specific Quantitative Goals and Objectives

The indicative, quantitative goals and objectives are outlined under three broad components as given below. These goals and objectives are aligned to achieve sustainable development in health sector in keeping with the policy thrust.

Health Status and Programme Impact

- ✓ Increase Life Expectancy at birth from 67.5 to 70 by 2025.
- ✓ Reduction of Total Fertility Rate to 2.1 by 2025.
- ✓ Reduce under Five Mortality to 23 by 2025, MMR to 100 by 2020 and Infant Mortality Rate to 28 by 2019.
- ✓ Reduce neo-natal mortality to 16 and still birth rate to 'single digit' by 2025.
- ✓ Achieve global target of 2020 which is also termed as target of 90:90:90, for HIV/AIDS i. e., - 90% of all people living with HIV know their HIV status, - 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.
- ✓ Achieve and maintain elimination status of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017.
- ✓ Reduce prevalence of blindness to 0.25/ 1000 by 2025 and the disease burden by one-third from the current levels.
- ✓ Reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025.
- ✓ Establish regular tracking of Disability Adjusted Life Years (DALY) Index as a measure of burden of disease and its trends by major categories by 2022.
- ✓ Achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce incidence of new cases, to reach elimination status by 2025.

Health Systems Performance

- ✓ Increase utilization of public health facilities by 50% from current levels by 2025.
- ✓ Ensure availability of 2 beds per 1000 population to enable access within golden hour.
- ✓ Antenatal care coverage to be sustained above 90% and skilled attendance at birth above 90% by 2025.
- ✓ More than 90% of the newborn are fully

- immunized by one year of age by 2025.
- ✓ Meet need of family planning above 90% at national and sub national level by 2025.
- ✓ 80% of known hypertensive and diabetic individuals at household level maintain "controlled disease status" by 2025.
- ✓ Relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025.
- ✓ Reduction of 40% in prevalence of stunting of under-five children by 2025.
- ✓ Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission).
- ✓ Reduction of occupational injury by half from current levels of 334 per lakh agricultural workers by 2020.
- ✓ National/ State level tracking of selected health behaviour.

Health Systems Strengthening

- ✓ Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5% by 2025.
- ✓ Increase State sector health spending to > 8% of their budget by 2020.
- ✓ Decrease in proportion of households facing catastrophic health expenditure from the current levels by 25%, by 2025.
- ✓ Ensure availability of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts by 2020.
- ✓ Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025.
- ✓ Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025.
- ✓ Ensure district-level electronic database of information on health system components by 2020.
- ✓ Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.
- ✓ Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.

Collaboration with Private Sector

The Policy advocates a positive and proactive engagement with the private sector for critical gap filling towards achieving National Goals. One form is through engagement in public goods, where the private sector contributes to preventive or promotive services without profit- as part of CSR work. The other is in areas where the private sector is encouraged to invest- which implies an adequate return on investment i.e on commercial terms which may entail contracting, strategic purchasing, etc.

The Policy suggests exploring collaboration for primary care services with 'not-for-profit' organizations having a track record of public services where critical gaps exist, as a short term measure. Collaboration can also be done for certain services where team of specialized human resources and domain specific organizational experience is required. The Policy supports voluntary service in rural and under-served areas on pro-bono basis by recognised healthcare professionals under a 'giving back to society' initiative.

To encourage participation of

private sector, the Policy advocates incentivizing the private sector through inter alia (i) reimbursement/ fees (ii) preferential treatment to collaborating private hospitals/institutes for CGHS empanelment and in proposed strategic purchase by Government, subject to other requirements being met (iii) Non-financial incentives like recognition/ acknowledgement/ felicitation and skill upgradation to the private sector hospitals/practitioners for providing public health services and for partnering with the Government of India/State Governments in health care delivery and (iv) through preferential purchase by Government health facilities from domestic manufacturers, subject to quality standards being met.

The Policy advocates for contracting of private sector in the following activities:

Capacity Building: Outsourcing of training of teachers to strengthen school health programmes by adopting neighbourhood schools for quarterly training modules.

Skill Development

programmes: Recognising that there are huge gaps in technicians, nursing and para-nursing, para-medical staff and medical skills in select areas, the policy advocates coordination between National Council for Skill Development, MOHFW and State Government(s) for engaging private hospitals/private general medical practitioners in skill development.

Mental Healthcare

programmes: Training community members to provide psychological support to strengthen mental health services in the country.

Disaster Management:

Partnership with private sector would enable better outcomes especially in the areas of medical relief and post trauma counselling/treatment. A pool of human resources from private sector could be generated to act as responders during disasters. The private sector could also pool their infrastructure for quick deployment during disasters and emergencies and help in creation of a unified

Corporate Social Responsibility (CSR)

CSR is an important area which should be leveraged for filling health infrastructure gaps in public health facilities across the country. The private sector could use the CSR platform to play an active role in the awareness generation through campaigns on occupational health, blood disorders, adolescent health, safe health practices and accident prevention, micronutrient adequacy, anti-microbial resistance, screening of children and ante-natal mothers, psychological problems linked to misuse of technology, etc. The Policy recommends engagement of private sector through adoption of neighbourhood schools/ colonies/ slums/tribal areas/backward areas for healthcare awareness and services.

emergency response system.

Strategic Purchasing as

Stewardship: The Health Policy recognizes that there are many critical gaps in public health services which would be filled by "strategic purchasing". Such strategic purchasing would play a stewardship role in directing private investment towards those areas and services for which currently there are no or few providers. The Policy advocates building synergy with "not for profit" organisations and private sector subject to availability of timely quality services as per predefined norms in the collaborating organisation for critical gap filling.

Enhancing Accessibility in

Private Sector: The Policy recommends a better public private healthcare interface and recognizes the need for engagement in operationalization of mechanisms for referrals from public health system. Charitable hospitals and "not for profit" hospitals may volunteer for accepting referrals from public health facilities. The private sector could also provide for increased designated free/ subsidized beds in their hospitals for the downtrodden.

Role in Immunization: The Policy recognizes the role of the private sector in immunization programmes and advocates their continued collaboration in rendering immunization service as per protocol.

Disease Surveillance: Towards strengthening disease surveillance, the private sector laboratories could be engaged for data pooling and sharing. All clinical establishments would be encouraged to notify diseases and provide information of public health importance.

Tissue and Organ

Transplantations: Tissue and organ transplantations and voluntary donations are areas where private sector provides services- but it needs public interventions and support for getting organ donations. Recognising the need for awareness, the private sector and public sector could play a vital role in awareness generation.

Make in India: Towards furthering "Make in India", the private domestic manufacturing firms/ industry could be engaged to provide customized indigenous medical devices to the health sector and in creation of forward and backward linkages for medical device

production. The policy also seeks assured purchase by Government health facilities from domestic manufacturers, subject to quality standards being met.

Health Information System:

The objective of an integrated health information system necessitates private sector participation in developing and linking systems into a common network/grid which can be accessed by both public and private healthcare providers. Collaboration with private sector consistent with Meta Data and Data Standards and Electronic Health Records would lead to developing a seamless health information system.

References: For more details about the National Health Policy 2017, please click on the following link:

- National Health Policy (Complete document) https://www.nhp.gov.in//NH/Pfiles/national_health_policy_2017.pdf
- "Backdrop to National Health Policy 2017- Situation Analyses", MoHFW <http://www.mohfw.nic.in/showfile.php?lid=4276>

A Paradigm Shift

Private providers, especially those working in rural and remote areas, or with under-served communities, require access to opportunities for skill up-gradation to meet public health goals, to serve the community better, for participation in disease notification and surveillance efforts, and for sharing and support through provision of certain high value services- like laboratory support for identification of drug resistant tuberculosis or other infections, supply of some restricted medicines needed for special situations, building flexibilities into standards needed for service provision in difficult contexts and even social recognition of their work. This would greatly encourage such providers to do better. Hitherto all public training and skill provision has been only to public providers. The policy recognises the need for training and skilling of many small private providers and recommends the same.

About Max India Foundation

Max India Foundation (MIF) which is the CSR arm of the Max Group of Companies is guided by the vision of "Seva Bhav" and "Caring for Life". The Foundation focuses on providing quality healthcare services to the disadvantaged under the following three pillars and thereby foster inclusive growth.



Key Initiatives

Initiatives towards Quality Health Care

- Health Check-up Camps:** General health camps and multi-specialty health camps [i.e. gynaecological, paediatric, etc] are done after assessing exact health needs of the communities. So far, 4,49,173 underprivileged patients have benefitted through 1742 camps.
- Health Centres:** Permanent health centres have been set up in areas where public health facilities are inadequate [e.g. Rudraprayag in Uttrakhand] or where the existing government facilities are hard pressed [e.g. slums of Delhi]. Till 31st March 2017, 1,20,748 patients have benefitted from these health centres.
- Surgery and Treatment:** Often economically weak patients are unable to bear high cost of critical surgeries or treatment. As of 31st March 2017, 6,663 patients have been supported for high value surgeries like paediatric cardiac surgeries, neuro surgeries, oncology care, etc.
- Immunisation Camps:** Max India Foundation immunizes children in the age group of 0-12 years who are either not immunized or partially immunized. So far, 70,933 children have been administered 1,39,624 shots of MMR, Typhoid, Hep B and DT through 1133 camps across 265 locations.
- Artificial Limbs and Polio Callipers:** MIF also organizes Artificial Limbs and Polio Callipers camps with focus on improving the mobility of the affected people. As on 31st March 2017, 4,864 people with special needs have been supported.

Promoting Healthy Practices

- **Creating awareness on health & hygiene issues** MIF focuses on health awareness to promote healthy behavioural practices amongst the communities. This is based on the premise that preventive healthcare yields better outcomes in the long term. Health awareness is done in infotainment mode through a host of approaches like group discussion/talks, films, puppet shows and counselling sessions. The focus issues include vector borne disease, cancer awareness, nutritious diet, sanitation, menstrual health and others. Over 18.14 lakh individuals have been reached through health and hygiene awareness initiatives so far.
- **Village Adoption Project** Two villages have been adopted in Uttarakhand (Dhakrani and Chandrothi) for integrated intervention around health, sanitation and waste management. Nearly 20,000 people of these villages are benefitting from holistic interventions.

Creating Sustainable & Eco-Friendly Environment:

Good environment is the basis for good health. Therefore, MIF has been undertaking various interventions like tree plantation, solar lights, etc. In addition, MIF runs a structured research based environment awareness campaign to build Green Crusaders who keep pursuing the agenda of sustainable environment.

Thus, through 360° approach, Max India Foundation has been making an honest effort to provide healthcare in a dignified and humane manner to the underprivileged.

Stakeholder Engagement

Max India Foundation works with all key stakeholders for optimization of project outcomes. The engagement helps to keep the interventions rooted in the reality of the ground, create an active support base which contributes towards the success of the project and eventually in the sustainability of the project. For effective stakeholder engagement, project plans are principally agreed amongst all. Also, role expectations from different stakeholders are clearly marked. Key stakeholders in context of health project are as follows:



Impact

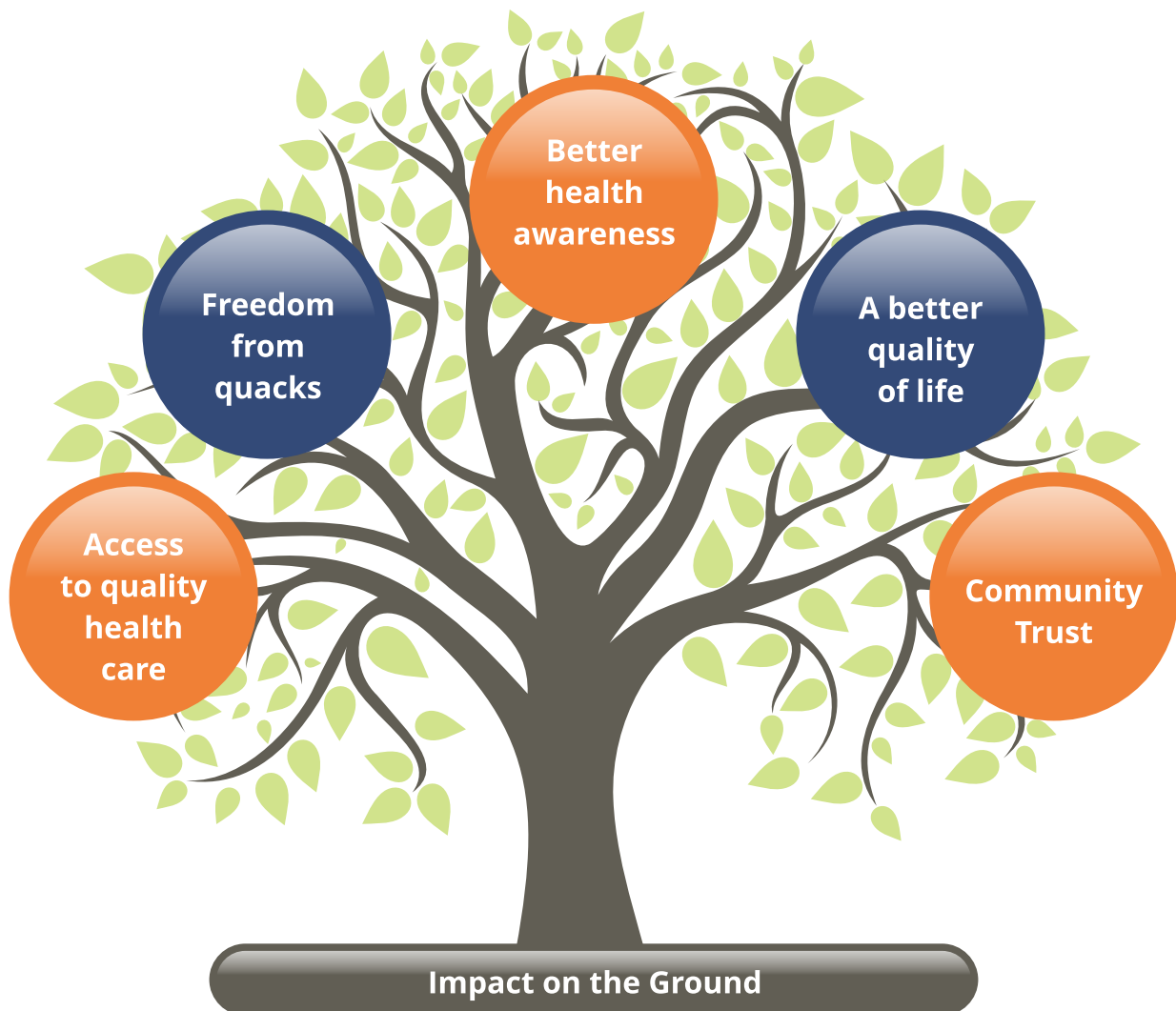
Max India Foundation's health initiatives have helped free the underprivileged from being at the mercy of quacks who in many cases jeopardize their health. Added to this, all these quality services reach the underprivileged free of cost since at Max we believe that good health is the right of every Indian. Therefore, the health interventions have been successful in addressing key challenges of low-quality care, lack of health awareness and limited access to health facilities in the domain of health care.

Timely access to quality healthcare helps to address minor health ailments. In

absence of this facility, minor ailments become major health problems which adversely impact the individual's productivity as well as financial health. Thus, Max India Foundation's healthcare services are highly appreciated by the community.

Further, the health care model devised by Max India Foundation has the right mix of interventions to address the immediate healthcare needs of the community as well as to create a long term sustainable model of healthcare. So far, through a host of healthcare initiatives, MIF has been able to render health care to over 27.79

lakh underprivileged across 730 locations with dignity and care [as of 31st March 2017]. In the process, we have helped enhance the productivity of the individuals reached, improved their life expectancy levels as well as enhanced their quality of life. In terms of quantitative figures, these are not just numbers impacted but lives touched. The timely support of Max India Foundation has prevented families from getting caught in the vicious cycle of debt and poverty.



Recent Awards and Recognition

The Awards and recognition as listed below is testimony to the fact that MIF's genuine and sincere work has been appreciated by well respected agencies/groups.

- Max India Foundation was awarded with the CSR Campaign of the Year - Fight Against Cancer and Mrs. Mohini Daljeet Singh, CEO, MIF was conferred with an individual award for CSR Leader of the Year at the India International CSR Conclave 2017 on 11th May 2017.
- Conferred CSR Leadership Award by ABP News on 17th Feb 2017.
- Mohini Daljeet Singh, CEO of Max India Foundation conferred with Hari Chand Award for Corporate Citizen 2015 [award presented during LMA's 38th Annual Day function held on 1st Dec'16].
- Mohini Daljeet Singh, CEO, MIF received the 'Best Women Leadership Excellence Award in CSR' at The South Asian Partnership Summit & Business Awards held in Colombo on 13th October 2016 [event hosted by World HRD Congress and endorsed by Asian Confederation of Businesses].
- Conferred with the Indywood CSR Excellence Award in Hyderabad on Sept 26, 2016 which was organized by Indywood & Govt of Telengana State.
- CSR Award for Immunization project by India CSR Awards Community Initiative Awards 2016 conferred on 27th August 2016.
- "Excellence Social Accomplishments" Award by "Samast Bharat" was given away by His Holiness Dalai Lama at Dharamsala on 20th May 2016 to Mohini Daljeet Singh, CEO, MIF.
- Golden Peacock Award for Corporate Social Responsibility 2015 - Feb 2016.



At Max India Foundation, we remain committed to the cause of uplifting the lives of the less privileged with our core values of Seva Bhav and Excellence.

And there are miles to go...



LENDING A HAND

- Provision of quality healthcare for the economically weaker section of society.
- Creating awareness on health issues such as women's health and general major diseases.
- Working towards a sustainable and eco-friendly environment.
- Village adoption in Uttarakhand on Health, Sanitation and Waste Management.



Illustrates through action the core values of the Max Group of "Caring for Life" and "Seva Bhav"

Max India Foundation's vision is to be the most credible and effective organization to address the healthcare needs of the underserved in our nation.



SUMMING UP

NATIONAL HEALTH POLICY 2017

Universal, easily accessible, affordable primary healthcare

- ✓ Comprehensive primary health care package with geriatric, palliative and rehabilitative care.
- ✓ Health Card for access to primary healthcare facility services anytime, anywhere.
- ✓ Free drugs and diagnostics along with low cost pharmacy chains (Jan Aushadhi stores).
- ✓ Free Health care to victims of gender violence in public and private sector.

Fostering patient-focus, quality and an assurance based approach

- ✓ Compliance to right of patients to access information on condition and treatment.
- ✓ National Healthcare standards organisation – maintaining adequate standards in public and private sector.
- ✓ Separate empowered medical tribunal for speedy resolution on disputes and complaints.
- ✓ Grading of establishments and active promotion of standard treatment guidelines.

Preventive and promotive focus with pluralistic choice

- ✓ Creation of Public Health Management Cadre in all States to optimise health outcomes.
- ✓ Interventions from early detection of issues in childhood to prevention of chronic illnesses.
- ✓ Tracking Behaviour change, education and counselling at all levels.
- ✓ Plethora of options to choose from among Yoga and AYUSH umbrella of remedies.

System strengthening and strategic engagements

- ✓ Public health system strengthening shifting from verticals to an integrated approach.
- ✓ Holistic approach addressing infrastructure and human resource gaps.
- ✓ Strategic Purchase of secondary and tertiary care services.
- ✓ Synergizing with private and not-for-profit for critical gap filling.

Source: <http://www.narendramodi.in/category/infographics>



Digital Interventions for the nation's health

- ✓ Promoting tele-consultation linking tertiary care institutions with specialist consultation.
- ✓ National Knowledge Network for Tele-education, Tele-CME, Tele-consultations and digital library.
- ✓ National Digital Health Authority to regulate, develop and deploy digital health.
- ✓ Introduction of Electronic Health Record (EHR).

Better regulatory mechanisms and quality control

- ✓ Strengthening Post market surveillance program for drugs, products and devices.
- ✓ Regulating use of devices to ensure safety and quality compliance.
- ✓ Timely revision of National List of Essential Medicines along with appropriate price control.
- ✓ Standard Regulatory framework for laboratories and imaging centres, specialized emerging services.

Intersectoral Convergence for holistic healthcare delivery

- ✓ Partnership & participation of all non-health ministries, communities and academic institutions.
- ✓ **Coordinated action on:**
 - Swachh Bharat Abhiyan – Sanitation
 - Balanced, healthy diets and regular exercises.
 - Addressing tobacco, alcohol and substance abuse
 - Yatri Suraksha – preventing deaths due to rail and road accidents
 - Nirbhaya Nari – against gender violence
 - Reduced stress and improved safety in the work place.

Make-In-India for a healthy India

- ✓ Special focus on production of Active Pharmaceutical Ingredient (API).
- ✓ Incentivizing local manufacturing to provide customized indigenous products.
- ✓ Reducing cost with indigenous medical technology and medical devices.



THE KNOWLEDGE ARCHITECT OF CORPORATE INDIA EVOLUTION OF VALUE CREATOR

ASSOCHAM initiated its endeavour of value creation for Indian industry in 1920. Having in its fold more than 400 Chambers and Trade Associations, and serving more than 4,50,000 members from all over India. It has witnessed upswings as well as upheavals of Indian Economy, and contributed significantly by playing a catalytic role in shaping up the Trade, Commerce and Industrial environment of the country.

Today, ASSOCHAM has emerged as the fountainhead of Knowledge for Indian industry, which is all set to redefine the dynamics of growth and development in the

technology driven cyber age of 'Knowledge Based Economy'.

ASSOCHAM is seen as a forceful, proactive, forward looking institution equipping itself to meet the aspirations of corporate India in the new world of business. ASSOCHAM is working towards creating a conducive environment of India business to compete globally.

ASSOCHAM derives its strength from its Promoter Chambers and other Industry/Regional Chambers/Associations spread all over the country.

VISION

Empower Indian enterprise by inculcating knowledge that will be the catalyst of growth in the barrierless technology driven global market and help them upscale, align and emerge as formidable player in respective business segments

MISSION

As a representative organ of Corporate India, ASSOCHAM articulates the genuine, legitimate needs and interests of its members. Its mission is to impact the policy and legislative environment so as to foster balanced economic, industrial and social development. We believe education, IT, BT, Health, Corporate Social responsibility and environment to be the critical success factors.

MEMBERS - OUR STRENGTH

ASSOCHAM represents the interests of more than 4,50,000 direct and indirect members across the country. Through its heterogeneous membership, ASSOCHAM combines the entrepreneurial spirit and business acumen of owners with management skills and expertise of professionals to set itself apart as a Chamber with a difference.

Currently, ASSOCHAM has more than 100 National Councils covering the entire gamut of economic activities in India. It has been especially acknowledged as a significant voice of Indian industry in the field of Corporate Social Responsibility, Environment & Safety, HR & Labour Affairs, Corporate Governance, Information Technology, Biotechnology, Telecom, Banking & Finance, Company Law, Corporate Finance, Economic and International Affairs, Mergers & Acquisitions, Tourism, Civil Aviation, Infrastructure, Energy & Power, Education, Legal Reforms, Real Estate and Rural Development, Competency Building & Skill Development to mention a few.

INSIGHT INTO 'NEW BUSINESS MODELS'

ASSOCHAM has been a significant contributory factor in the emergence of new-age Indian Corporates, characterized by a new mindset and global ambition for dominating the international business. The Chamber has addressed itself to the key areas like India as Investment Destination, Achieving International Competitiveness, Promoting International Trade, Corporate Strategies for Enhancing Stakeholders Value, Government Policies in sustaining India's Development, Infrastructure Development for enhancing India's Competitiveness, Building Indian MNCs, Role of Financial Sector the Catalyst for India's Transformation.

ASSOCHAM derives its strengths from the following Promoter Chambers: Bombay Chamber of Commerce & Industry, Mumbai; Cochin Chambers of Commerce & Industry, Cochin; Indian Merchant's Chamber, Mumbai; The Madras Chamber of Commerce and Industry, Chennai; PHD Chamber of Commerce and Industry, New Delhi.

Together, we can make a significant difference to the burden that our nation carries and bring in a bright, new tomorrow for our nation.

D. S. Rawat

Secretary General

The Associated Chambers of Commerce and Industry of India

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The pictorial presentation of the world map does not purport to be the political and geographical maps of the world and India and is not drawn to scale. This is only indicative.

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