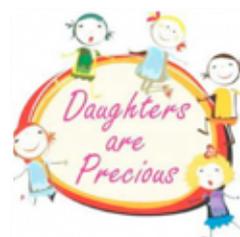




3rd Annual
e!lets

Healthcare
SUMMIT RAJASTHAN

CONFERENCE | AWARDS | EXPO | 10 NOVEMBER 2017 | JAIPUR



3rd Healthcare Summit Rajasthan Achieves Another Milestone in Healthcare Transformation

The Department of Medical, Health and Family Welfare, Government of Rajasthan, the State National Health Mission along with Elets Technomedia organised the 3rd Annual Healthcare Summit Rajasthan - Exhibition & Awards in Jaipur on November 10.

The Summit witnessed the participation of state governments, top hospitals, industry players, policy makers, stakeholders, academia and insurance companies. It provided an unparalleled platform for all leaders to share the latest technology, emerging global healthcare trends, best practices for quality and cost-effective healthcare services that are propelling growth of healthcare ecosystem in the Country.

The major topics of the agenda included emerging global innovations and technology interventions in healthcare; PPP in healthcare- challenges & opportunities; Best healthcare practices across India; Take Healthcare to the last mile-initiatives, opportunities & challenges; Role of hospitals in developing healthcare ecosystem of Rajasthan and Role of hospitals in providing quality & cost-effective healthcare.

Delegations from Malaysia and British High Commission joined officials at panel discussion on emerging partnerships between the countries to promote a healthcare ecosystem and leveraging innovations and technology to transform healthcare delivery in the Country.

The Summit saw good number of attendees across the industry. The attendees shared as well as gained intense knowledge on the latest trends and innovations, the new implemented laws and regulations and latest emerging trends. Moreover, the sponsors and the exhibitors got a wide platform through which they showcased their best solutions unlike their competitors.

One of the key themes of the Rajasthan Summit was 'Save Girl Child', which was promoted under the campaign "Daughters are Precious." To strengthen the campaign, an exclusive ceremony was organised to celebrate "Precious Daughters of India" wherein 20 inspiring women across the country were felicitated for being an inspiration to the entire country. Smt. Anita Bhadel, Hon'ble Minister of Women and Child Development, Government of Rajasthan felicitated successful women representing different walks of life and encouraged them for their efforts and being an inspiration to all.

She also appreciated the initiative - "Daughters are Precious" of National Health Mission, Department of Medical, Health and Family, Rajasthan for taking up aggressive actions against the culprits and safeguarding the rights of girl child.

The ceremony helped in spreading awareness against female foeticide, promoting girl education, and transform societal mind-set for the cause of girl child.



Anita Bhadel

Hon'ble State Minister (Independent Charge), Women and Child Development

I have seen many IAS officers from the year 2000 to 2017, who write on files but Naveen Jain is one IAS officer who expresses his thoughts on any platform without hesitation. When we run social campaigns against female foeticide, or gender equality, we generally target the middle class. But in those sections of the society where these campaign really matter – in educated and rich families – the message is not delivered. It is a painful fact that those families who have all the basic luxuries of life have accustomed themselves in such a way that they don't feel that they are involved in female foeticide.

Naveen Jain

Secretary, Department of Medical, Health and Family Welfare, and Mission Director of National Health Mission, Government of Rajasthan

When we started Daughters are Precious campaign, the question we faced was that is it possible to stop female foeticide? It is the general thinking that it is a societal problem and the law, or a judge, or an IAS officer cannot do much to stop it as people do it within the confines of their homes.

We may accept it in a social gathering that female foeticide should be stopped, but we hardly take any action to stop it. We need to ask ourselves two simple questions – have we taken any concrete step to stop it? Or were we ever associated with female foeticide?



Gouri Singh

Principal Secretary Public Health and Family Welfare, Bhopal Gas Tragedy-Relief & Rehabilitation & Medical Education, Government of Madhya Pradesh

The fairly high infant mortality rate in Madhya Pradesh had been troubling us for a long time. As members of the health sector, we understand that curative aspect of the health is always more glamorous. But it's the preventive health that the public health authorities have to dwell on, which is not so glamorous. A disease has been prevented because of early screening or early diagnosis is not going to make the headlines.

The healthcare is a segment that requires a complete change in the attitude of the service providers because screening becomes extremely important.





Dr Monika Priyadarshini

Special Secretary & Mission Director Nation Health Mission, Department of Health & Family Welfare, Government of Andaman & Nicobar Administration

We are looking at options of V-SAT and underwater cable. We have problems of outdated infrastructure and reporting methods in Andaman and Nicobar Islands, leading to a very bad database. We have started schemes like Air Subsidy. It is for the stretcher patients who need air evacuation and super specialised treatment from mainland India. We send patients to Hyderabad, Chennai and Kolkata. We celebrate the birth of the girl child through 'Dulari' scheme with a cash benefit of Rs 8,000. Once they pass 8th standard, we give Rs 5,000 and so on. Today we have more than 7,000 beneficiaries of this scheme.



Dato' Hidayat Abdul Hamid

High Commissioner of Malaysia to India

Malaysia and India have been sharing very good relations since our Independence. In fact, 2017 is a very special year for India and Malaysia as we celebrate the 60th anniversary of our diplomatic relations.

A strong relationship between countries is vital for healthcare cooperation to flourish. In case of Malaysia and India, we have signed numerous agreements in healthcare. We have cooperation agreement in traditional Indian medicine. About 10 per cent of our population is of Indian origin and they are free to practice their own culture. In Malaysia, we also practice traditional healthcare system.

Vishal Chauhan

Commissioner cum Secretary, Health

The Government of India under NHM is stressing that NCD screening and NCD checkups are important and have to take place in every State. I would like to tell that this exercise was started in Sikkim many years back and we named this programme CATCH – Chief Minister's Comprehensive Annual and Total Check-up for Healthy Sikkim.

The outcome of the programme includes a child sex ratio of 957. Most of the health indicators in Sikkim are much better than the national average. The percentage of institutional deliveries is 98.4 in the state and the percentage of full immunisation is 95 per cent as per the latest survey.





Geoff Wain

British Deputy High Commissioner, Ahmedabad

The UK is committed to help the Indian Government and State Governments for achieving universal healthcare goals including training and education of staff to deal with common challenges,” the British Deputy High Commissioner said.

We have a formal Memorandum of Understandings between India’s Ministry of Health and UK’s Department of Health. A good example of this partnership is the India-UK Institutes for Health, where NHS and private companies are collaborating in this massive collaborative programme to establish 11 medicities and thousands of clinics across India.



Gaurav Dahiya

Mission Director, National Health Mission, Government of Gujarat

Non-communicable disease is the biggest future challenge for healthcare. Presently, the entire public health strategy is focused on communicable diseases or infectious diseases. But in the coming era, according to the Indian Council for Medical Research, New Delhi, NCD is emerging as the biggest killer these days. So, there is a need for new ideas, strategies and interventions.

Gujarat is the capital of non communicable diseases. Therefore, we are open to pick ideas on newer measures that we can take to contain NCDs in the State. We are going for a screening programme in a big way in Gujarat. It includes diabetes screening, hypertension screening, as well as cervical cancer screening.



Dr G Dewan

Mission Director, Nation Health Mission, Chandigarh UT

We being a small Union Territory with a population of about 11 lakh, we have some peculiar type of issues. Since we have all the three hospitals in Chandigarh, we provide health services of primary, secondary and tertiary level. Our tertiary level hospitals are flooded with patients for which we are facing problems. Critical patients are sometimes left unattended keeping in view the occupancy of the patients who can be treated at secondary and primary level hospitals.

The Healthcare Summit Rajasthan will give us various methodologies and innovative ideas, although the UT is performing very well. We have achieved 99.1 per cent of institutional deliveries in line with the Government of India which in itself is a credible achievement.



G. Vasudeva Rao

State Programme Manager, NHM, Andhra Pradesh

In a big state like Andhra, the last mile approach is to bring patients to public health facilities to provide them services. In this direction, the Government of Andhra Pradesh in coordination with many departments has evolved a policy and a cabinet decision has been taken to outsource some of the services. But the outsourcing is very-very systematically planned approach that we have followed. We have followed a complimentary approach rather than a supplementary approach. We have some 30 odd services that we have outsourced. In January 2016, we have launched five programmes. One such programme is the free diagnostics programme. It offers free tele-radiology services and free CT Scan services.



Dr Divya S Iyer

Sub Collector & Sub Divisional Magistrate, Trivendrum

In Kerala, the success in health system that we have achieved we largely owe it to the approach of coordination that we have to the core. When I talk about coordination, let me elucidate with an example. Recently, I received a writeup on a destitute elderly woman, who was found living at a railway station in my district. A passenger who met the lady decided to talk to her about her condition. She was found to be a little disoriented at the time. The passenger posted a message on social media and it went viral in no time. It was later found that she was a teacher and after she retired from her profession she was living on the streets. Within hours of the message posted on the social media, I could track her down and we have successfully rehabilitated her. This I think should be the last mile approach to healthcare.



Dr Bharti Dixit

Joint Chief Executive Officer, BSBY

Bhamashah Health scheme is an initiative of the Government of Rajasthan to provide health benefits to around one crore eligible families in Rajasthan. We have the most comprehensive cover with the lowest premium. We have a complete process of empanelment of hospitals online. Awareness Programmes are run through ASHAs. We conducted Pandit Deen Dayal Upadhyaya Shivirs, Bhamashah Samasya Samadhan Shivirs to make it popular.

Dr Jitendra Mehta*Chief Nodal Officer, Government of Jammu & Kashmir*

We have three replicable interventions in the current structure of the State health system. Under the current programme structure in the country, out of 20 ASHAs at the community level the best ASHA is made the facilitator. The structure goes like this: ASHAs, ASHA facilitator, block community mobiliser, district community mobiliser and State programme mobiliser.

In J&K, we have decided that we will not make ASHA an ASHA facilitator because in 20 village areas there will be 3-5 ANMs and around 30-40 Anganwadi workers. The one intervention we did here was we have an ANM ASHA worker, who is more powerful than ASHA worker and Anganwadi worker at the community level.

**Sangita Reddy***Joint Managing Director, Apollo Hospitals*

In a hospital when people come with a cardiac problem, how many do we see with single vessel disease? As many as 67 per cent of our patients have at least 3-4 vessel disease and they need significant treatment. The scenario in cancer is worse. When people reach the hospital, it's already stage 3 or 4 cancer. So, this entire scenario needs enhancement in the delivery, focus and policy in the entire healthcare.

However, the good news is that India has many islands of excellence in healthcare -- both in the government and in private sector. "The developmental pace with which healthcare growing is indeed one of the fastest growing sectors in the country. I think the problems we have are significantly compounded by the incidents of NCDs.

Sheena Chhabra*Senior Health Specialist, Global Practice on Health, Nutrition and Population, World Bank*

Rajasthan is characterised by a young population -- 45 per cent of the population is under 19 years of age with 3/4th of it residing in rural areas. In terms of socio-economic status, three out of every 10 people either belong to Scheduled Caste or Scheduled Tribe, which is one of the highest proportions that we see across India. In terms of female literacy, Rajasthan is still comparatively lower than other states. But as Rajasthan is marching towards addressing issues relating to pregnancy, maternal and child directed causes, it also has an equal burden of non-communicable diseases.





Dr Harish Kumar

Country Head, Norway India

Right treatment given in an emergency can get you on the right side of the table and lack of right treatment like in a Gorakhpur Hospital case can bring you to the media highlights but for a wrong reason. NIPI in partnership with State Health Societies and Government of India is designing innovations in healthcare system.



Rajesh Mundra

CEO, Truworth Wellness

I think the problem of NCDs is one of the biggest problems for the government. Globally, in 2005 NCDs caused 35 million deaths. 36 million deaths were caused in 2008 due to diabetes. The number of NCD patients in the corporate, as well as rural sector is increasing at an alarming rate.

Recently to handle the burden of NCDs, the Government of India has come up with a project of health screening that was launched by National Health Mission. Its objective was to cover the 50 crore people of the country who are 30 years or older. Rajasthan is one of the states that is doing a pilot project on this. It not only starts with screening but go to the level of monitoring and evaluation of progress and establishing state policy to promote prevention.



Syam Adusumilli

President & Head – India Sales, Optum

We are part of a \$200 billion group. We are easily the world's largest healthcare company in the world. We have been in India for the last 10 years. We are very proud of our India team's contribution to our company. Ninty per cent of the population spends at least two hours of time to go see a doctor and get 10 minutes of his time. This is a reality which is true for India as well. The concept we want to introduce here is 'Care Anywhere', the focus of which is velocity of care. We have spent lot of time as a healthcare community talking about efficacy of care, efficacy of doctors. We want to move it very-very fast so that people get care as they need as early as possible.



Dilip Patil

Managing Partner, Trivector Biomed LLP

In August this year, I was in Harvard Medical School with a guy popularly called 'Dr TB', as he is working day in and day out for eradication of Tuberculosis. I am sharing with you the same presentation I gave to him on 'Building, Design and Approaches for Air-borne Pollution Control'. There are lots of microbes causing hospital acquired infections and most of them are air-borne. Normally this infection happens as patients cough or sneeze. There is a lot of turbulence happening in the hospital like hospital staff vacuum cleaning the floor or toilet flushing that makes microbes air-borne. To take care of this issue, we talk about air filters, air purifiers, air ionisers, air sterilizers, etc.



Jaishankar Natarajan

AVP and Head - Healthcare Cold Chain Business, Godrej Appliances

We interacted with UNICEF, WHO, Gates foundation, and found out that 50 percent of the vaccines lose their efficacy before they are actually administered. This happens due to temperature excursions and the lack of maintenance of temperature. We then came out with a range of products which provide a no freezing technology. It provides precise 4 degree cooling at all points of storage. We are the only Indian manufacturer approved by WHO for this. We also partnered with a UK based company to bring out a very unique solutions for storing vaccines, blood and medicines.

Prakash Vir Rathi

Deputy General Manager, Bank of Baroda

Bank of Baroda is honoured to be a partner of the Government of Rajasthan, where we offer various online facilities to the citizens. We integrate our IT solutions with the concerned departments. We provide payments to the beneficiaries in a very transparent and fast manner. We are keeping pace with the initiatives of the Government of Rajasthan. We are making changes which are required by the departments and we assure that we perform our role in the best possible way.





Dr R K Srivastava

LEHS|WISH

The National Health policy demanded all the State that health sub centres should be converted into health and wellness centres. The policy also demanded 12 deliverables from each sub centre by implementing technology. WISH foundation is a non-profit organisation which is operating 22 PHCs in Rajasthan in PPP mode and around 100 sub-centres to take the healthcare services to the last mile.

We are trying to create partnership models that can deliver healthcare services. We want to integrate various types of innovations to take care of various gaps in healthcare delivery.

Pallavi Jain

Managing Director, KRSNAA Diagnostics Pvt Ltd

Krsnaa Diagnostics is providing PPP services across 15 states of the country. We are the only successful service provider who has reached the rural India from Kashmir to Kanyakumari. We have reached Assam, Manipur, Meghalaya, etc and the 15 State is Rajasthan, where we have been able to serve the people.

The Rajasthan project is the first in India for super specialty test, which was earlier either outsourced or not done in the district hospitals. It will now be done in district hospitals that also free of cost under the 'Mukhya Mantri Nishulk Jaanch Yojna'. We as service providers are setting up collection centres at 50 locations and are also setting up 7 satellite labs across the State.



Karuna Singh

State Program Manager, IPAS Development Foundation

IPAS Development Foundation is a non-for-profit organization working for safe abortion and contraception. In Rajasthan, IPAS is working since 2009 and we are fortunate that Rajasthan is a very good partner.

If we think of a woman who has an unplanned pregnancy, then safe abortion becomes very-very important. Abortions account for 8 per cent of total maternal mortality. If we talk about Rajasthan, then our maternal mortality is higher than the national average. Unsafe abortions lead to sepsis, bleeding and even death.



Dr Vikas Yadav*Programme Director, JHPIEGO*

JHPIEGO is a non-profit international public organisation present in more than 50 countries of the world. We are the lead technical partners of the Government of India on quality of care. We are proud to have worked with the Government of Rajasthan on the Daksha programme and Kushal Managal programme. We are actively providing support in 24 districts.

Quality of care across sectors is in great demand. Because of our quality of care, the mortality reduction is not commensurate. Apart from that, the pace of reach of basic minimum care to vulnerable sections, implementation of evidence-base guidelines and introduction of new techniques and technology are some of the other needs of the country.

**Dinesh Kumar Goyal,***(Rtd IAS) Retired as Additional Chief Secretary in Government of Rajasthan*

30 years ago there was 100 per cent participation from the Government, but now, the involvement of the private sector is increasing. There are lot of PPP projects going on. It is happening in every State of the country. The Government has monopoly over the land and the buildings, they have good database of the doctors. But there should be an understanding between private and public sector. New capital can come through FDI. Private sector can offer best of technologies and equipments.



Mohit Soni, Executive Director, Soni Group of Hospitals, Jaipur; **Inderjith Davalur**, Group CIO, KIMS Hospitals; **Dr Prateek Sharma**, Medical Director, Saville Hospital & Research Centre, Jaipur; and **Alok Khare**, Vice President – IT, Jaypee Hospitals, Noida, express their views during the session **'Role of Hospitals in Developing Healthcare Ecosystem of Rajasthan And Hospitals in Providing Quality & Cost Effective Healthcare'**. The speakers in this session highlighted the challenges for the healthcare sector of Rajasthan in terms of quality of healthcare and affordability.

Healthcare Leadership Awards 2017



List of Awardees

- **For Transforming Sub Centres into Health & Wellness Centres**
LEHS|WISH
- **Exemplary Banking Services**
Punjab National Bank
- **Exemplary Banking Services & Best CSR Initiatives**
Bank Of Baroda
- **Innovative Solutions for Air Borne Infections**
Trivector Biomed
- **Best Cancer Hospital in Delhi/NCR**
Park Hospital, Gurugram
- **Integrated Ambulance Project**
GVK EMRI
- **Woman Leadership Award in the Healthcare Spectrum**
World Bank
- **Exemplary Work Towards Medical Education**
Shri JJT University
- **Being an esteemed Radio Partner**
Radio City 91.1 FM

Daughters are Precious Awards 2017



Dr Divya S Iyer
Sub Collector & Sub Divisional Magistrate, Trivendrum



Sangita Reddy
Joint Managing Director, Apollo Hospitals



Dr Monika Priyadarshini
Special Secretary & MD NHM, Andaman & Nicobar



Bharti Dixit
Joint Chief Executive Officer, BSBY



Anju Sharma
Principal Secretary, Higher & Technical Education, Gujarat



Arti Dogra
Managing Director, Jodhpur Vidyut Vitran Nigam Ltd



Veena Pradhan
Managing Director, RAJFED, Jaipur



Yasmin Singh
Kathak Dancer, Chhattisgarh

Daughters are Precious Awards 2017



Gazal Mishra, Bollywood Designer, Jaipur



Representative from **V Can Give Them Hope**



Roma Bose, Health and Development Sector Professional, New Delhi



Shabnam Dayer, Community Healthcare Professional, Rajasthan



Dr Rekha, Medical Professional, Jaipuria Hospital



The Team of **PCPNDT, Rajasthan**



Era Tak, Artist, Bikaner



Representative of **Sheroes- Stop Acid Attack – Chhanv Foundation**



Neelam Narang, Entrepreneur



Sangeeta Gharu, Model, Rajasthan



The Winners of **Daughters are Precious Awards**



Anita Bhadel, Hon'ble State Minister (Independent Charge), Women and Child Development inaugurating the Daughters are Precious Evening in Jaipur.