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11th April, 2017, Bengaluru



KR RAMESH KUMAR
Minister For Health & Family Welfare,
Government of Karnataka

KK SHAILAJA TEACHER
Minister for Health and Social Welfare,
Government of Kerala

MARKING A PARADIGM SHIFT IN HEALTHCARE

The healthcare sector is witnessing a paradigm shift, with the focus of government policies shifting towards providing inclusive and value-based healthcare. The Karnataka Healthcare Summit-2017 set a major milestone for the sector by pushing for restructuring the healthcare delivery system by adopting new innovations, replicating fresh models and initiatives to make it more outcome focused. The summit has marked a new beginning in the Indian healthcare space by underscoring the need to make a collaborative and focused effort to take healthcare to public's doorstep.

Conference Report

Executive Summary

The EleTs Healthcare Summit in Karnataka witnessed congregation of policy makers, district and taluk health officers, district surgeons, technical experts, hospital, insurance companies and several private players operating in the healthcare segment - all under the same roof.

The day-long summit, held on 11th April, hosted by the Government of Health & Family Welfare, the National Health Mission and Suvarna Arogya Suraksha Trust with the support of EleTs. The summit had two segments wherein panellists on one side hosted discussions on wide range of themes. The companies on the other got an opportunity to showcase their products and devices through an expo exhibition.

The summit witnessed discussions on various aspects of quality healthcare delivery including - leadership and governance, health financing and CSR initiatives, significance of PPP model in healthcare, role of Self Help Groups and the important role being played by ICT in healthcare to make delivery of quality health services more inclusive.

Inauguration of the Event by the Karnataka Health Minister, KR Ramesh Kumar

The summit was inaugurated by K R Ramesh Kumar, Minister for Health and Family Welfare, Government of Karnataka along with Shailaja Teacher, Minister for Health and Social Welfare Minister, Government of Kerala, Dr K Rajeshwara Rao, IAS, Joint Secretary of Ministry of Health and Family Welfare, Government of India, Dr Rathan Kelkar, Mission Director, National Health Mission and Executive Director, Suvarna Arogya Suraksha Trust, and head of companies including The New India Assurance Company, Biocon Foundation and PerkinElmer Pvt. Ltd.

This session emphasised on the aspect of 'health for all' as being the mandate of Karnataka and Kerala Government and representatives from the Central Government further emphasised on new healthcare policies that aim at a more inclusive approach towards extending healthcare coverage and access to citizens. The representatives of private companies talked about the increasing role of insurance and CSR initiatives which aid the government's efforts towards securing better healthcare for all.

Panel 1: Leadership and Governance in Healthcare Delivery

In the first session, panellists deliberated on the role of leadership and governance in healthcare delivery. The panellists included speakers from organisations such as Public Health Foundation of India, United Nations Development Programme (UNDP) and head of Manipal Hospitals among others.

Panellists covered a host of issues while speaking about their experiences in using artificial intelligence in improving healthcare, conducting cost benefit analysis and targeting specific interventions to address the gaps in supply chain management of health delivery systems. The key takeaway from this session was that health remains a public good and even with the advent of technology, role of government leadership remains more of an art than a science. Innovation in government leadership demands: experimentation, rejection of outdated policies, asking correct questions, data driven decision making, incentives for service providers and sufficient budgetary outlay towards health.

Panel 2: Strengthening Coordination - Self-Help Group Model for Health

The second panel comprised local leaders from Karnataka and Kerala along with experts from the UNESCO who emphasised on the self-help group (SHG) model of health. The example of Kudumbashri in Kerala as a classic case of decentralised decision making was extensively deliberated upon and the speakers mentioned the success of this initiative in a state where health seeking behaviour of people remains high. The lesson learnt was that Kudumbashri holds a legal backing and through its bottom-top structured approach, it provides sufficient incentive to grassroots community which further enables participation in the scheme. Other speakers emphasised that a message that 'health is a value of life' must be disseminated in the community and at family level. This session and its takeaways remained vital for various district and regional health officers from Karnataka who participated in the summit.

Panel 3: Best Practices from Healthcare Delivery from Indian States

The third panel comprised representatives from the Governments of Karnataka, Kerala and Puducherry who shared their experiences and views on health services delivery in their respective states. The session was led by Dr Rathan Kelkar from Karnataka.

Conference Report

Executive Summary

He emphasised on the poor awareness about health insurance and assurance in India building on a National Family Health Survey for which stated that just 17% of Indian people are covered by health insurance. He cited example of Karnataka which has over 90% coverage in tertiary care as a testament to this. He also underlined the successful model of Self Help Groups (SHGs) being used in Kerala and stated that Karnataka should study this model to introduce community participation with the aim of improving health coverage awareness.

Following his opening remarks, representatives from Kerala and Puducherry made presentations about their respective health schemes in implementation. Kerala, in particular, highlighted its schemes which are targeted at specific health conditions rather than at specific population, which makes it easier to eliminate/reduce the impact caused by serious health conditions across the State. The highlight of the presentation from Kerala was the acknowledgement of the difficulties the State faced in scaling up initiatives from pilot projects to large scale programmes.

From Puducherry, the highlight was their spending on healthcare which is 10% of their budget and over 2.5% of their GDP. Puducherry also has a well-functioning patient referral system from government to private hospitals being examined by Karnataka.

Panel 4: Health System Financing and CSR in Healthcare

The fourth discussion was focussed on the theme of health system financing management and CSR initiatives in healthcare. Chaired by Dr Sudha Chandrashekhar, Director (Medical Management), SAST, this session involved panelists from WHO and private companies and foundations discussing their CSR stories.

The representative of WHO provided an extensive presentation on various forms of health financing models prevalent across the world and touched upon best practices emanating from Turkey, Brazil, Thailand, Ghana, the Philippines, China, the US and Maldives. The takeaway from these best practices reveal that states must focus on the entire "health financing architecture" and invest in strategic purchasing and targeted financing in order to be responsible towards outcomes and deliveries under health management systems. The source of funding must be diversified and pooled together for streamlined financing flows. It was further emphasised that EHR and revamping supply chain management would remain game changers for health industry in India. A discussion on designing appropriate Public Private Partnership (PPP) models and stronger contracts between hospitals and government also followed.

Another takeaway included the benefits that private sectors draw from government financing and thus partnerships between government and private sector must be a two-way route where they mutually work for each other's benefits.

Panel 5: ICT in Healthcare

Led by Dr Rathan Kelkar, this diverse panel various players in the healthcare sector, from grassroots workers to technology companies developing tools. Dr Kelkar began by stressing the government's commitment to using ICT in healthcare by stating that about 40 different softwares were currently being used in healthcare by the government. However, he also maintained that the government is working towards bringing the data together in such a way that it is easier to draw conclusions and report findings from the data collected by all of these softwares. He emphasised the importance of ICT in healthcare by giving various examples of how IT has been used and is being used in Karnataka.

Following him, other panellists also made strong points for the use of ICT in healthcare. Panellists stressed that technology companies must recognise the need for IT in health and develop solutions to the identified problems rather than provide solutions for non-existent problems. The idea of 'technology for the sake of technology' was endorsed on this panel which called for useful technical solutions in health.

The highlight of this session was the acknowledgement of challenges that ICT in health faces including that of adoption and implementation challenges. These range from slowing the speed of the physician, making treatment impersonal, increasing costs etc. Apart from this, maintenance and continuity of IT, data privacy of people, corruption in IT adoption by government and introducing IT as a subject in medical education were also discussed.

The session was concluded with Dr Kelkar outlining the proposed and ongoing initiatives in health in Karnataka such as virtual clinics, capacity building through IT, improving data analytics etc.

Conference Report

Highlights



SUMMIT HIGHLIGHTS

Chief Guest



KR RAMESH KUMAR
Minister For Health & Family Welfare
Government of Karnataka

Guest of Honour



KK SHAILAJA TEACHER
Minister for Health and Social Welfare
Government of Kerala

Co-Programme Chair



DR RATHAN KELKAR
Mission Director, Department of Health & Family
Welfare, Government of Karnataka

Conference Report
Inaugural Session

450+

Delegates

6

Knowledge Sessions

15+

Exhibitors

EVOLVING AN EFFECTIVE HEALTHCARE ECOSYSTEM



Evolving an effective healthcare ecosystem is a prerequisite for various government departments and other stakeholders in the healthcare sector. The inaugural session stressed on efforts undertaken to overcome key healthcare challenges through policy push, technology adoption, financial interventions like health insurance, quality infrastructure development, providing social security and integration of various programmes and initiatives to deliver outcome-based results.

Conference Report

Inaugural Session

KR RAMESH KUMAR
*Minister for Health and Family Welfare
Government of Karnataka*



The main objective of Karnataka's Health and Family Welfare department is to provide quality healthcare services to the people. Health for All, Health Everywhere is the motto of the government. Our mission is to provide comprehensive and quality health care services to ensure equitable access, redress regional imbalances, stabilise population and make AYUSH systems integral part of health care.

DR K RAJESHWARA RAO
*Joint Secretary, Ministry of Health and Family Welfare,
Government of India*



The National Health Policy, which is in place, gives a strategic direction for the development of health sector. In the context of the policy, investments are expected to be doubled for infrastructure, Human Resource, and technology. This is one of the important landmarks and perhaps it will trigger a lot of developments in the near future in the health sector.

KK SHAILAJA TEACHER
*Minister for Health and Social Justice
Government of Kerala*



For evolving an effective healthcare ecosystem, it is a prerequisite that various government departments and those who deal with various aspects of public health should work in tandem so that the weak links in the healthcare chain can be identified and cured or replaced. There are serious efforts being made by the union and state governments to improve the quality of healthcare delivery to the people at large.

DR RATHAN KELKAR
*Mission Director, National Health Mission,
Government of Karnataka*



Today, we are facing various challenges in the healthcare. We have overcome many of them, while we are still fighting against some. These challenges are on as we move on. It's not so easy to provide health services to all. Nevertheless, the health as topic has been taken up by the society itself, and the society has been evolving strategies to overcome the public healthcare concerns.

7th HEALTHCARE LEADERS FORUM

NEW DELHI

CONFERENCE | AWARDS | EXPO
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CREATING A ROAD MAP FOR INCLUSIVE HEALTHCARE IN INDIA

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. With India's healthcare policy geared towards 'Health for All', it is imperative for the healthcare industry to nurture an ecosystem that promotes smart calibrated innovations to convert challenges into opportunities. It is against this backdrop that Elets Technomedia has decided to bring together all stakeholders at **7th Healthcare Leaders Forum 2017 on 30th June at The Hotel Royal Plaza, New Delhi** to find ways to unlock their inherent potential and help the country achieve its health goals.

KEY THEMES

- The Health of the Nation: Reform, Regulation and What's Next for Indian Healthcare
- Smarter, Safer, Superior Data: Steering the Opportunities and Challenges for Healthcare
- The Emerging Role of PPP in Indian Healthcare Sector
- Role of Hospitals for Providing Quality and Affordable Healthcare
- CSR Initiatives in Healthcare
- Optimizing Wellness Success with Functional Medicine
- Healthcare in the Digital Age: Navigating the Opportunities and Challenges
- Health Insurance and Medical Tourism: Tapping the Future Opportunities

KEY ATTENDEES

- Senior Officials from Ministry of Health and Family Welfare, Govt of India
- Health Secretaries from State Governments
- National Rural Health Mission (NRHM), Mission Directors from State Governments
- CEOs, CFOs, CIOs, CTOs of Healthcare Organisations
- Senior Administrators, HODs and Business Managers of Hospitals
- Top Officials from Ministry of AYUSH
- Wellness Industry
- National Accreditation Board for Hospitals & Healthcare Providers
- National Medical & Wellness Tourism Promotion Board
- ISWA, the Indian Spa and Wellness Association
- Ministry of Tourism
- National Skill Development Agency
- National Skill Development Corporation
- Health Insurance & Financial Services

WHY SHOULD YOU ATTEND?

20+

Policy Makers
from Health
Sector

150+

Corporate
Delegates

50+

Decision
Makers from
Hospitals



One to One
Networking



Round Table
Sessions



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Conference Report

Inaugural Session

Key Takeaways

- ◆ Providing health services to all is a daunting challenge. Increasing awareness has led the society to take on the challenges and evolve strategies to tackle public healthcare concerns.
- ◆ Only 17% of population in India is covered by health insurance and as much as 80% of expenditure on health is out of pocket or not covered under the health insurance, which is the single biggest factor for pushing middle class families to the below poverty line.
- ◆ India has six independent insurance companies apart from 22 General Insurance Companies, which take care of health insurance needs of the entire country.
- ◆ One of the major challenges faced by health insurance companies is exorbitant rates charged by hospitals for treatment and drugs. There is a need to have regulations in these two areas to make affordable healthcare a reality.
- ◆ To ensure highest level of standards at PHCs, a data-driven approach needs to be adopted. The eLAJ clinic model by Biocon Foundation, which digitises records of patients and also integrates health camp data. eLAJ has three interconnected modules: registration, clinical consultation and diagnostic. Telemedicine can be built into this model for specialist consultation.
- ◆ Insights on the quality of air, water, food and materials help ensure the safety of entire communities.
- ◆ Besides six AIIMS that are already functional and AIIMS Rae Bareilly that is under construction. As many as 13 more AIIMS are announced. Out of which, five AIIMS have been approved by the cabinet.
- ◆ In India, more than two-thirds of expenditure on health is through Out of Pocket (OOP) which is the most inefficient and least accountable way of spending on health.
- ◆ A new mission -- ARDRAM -- is being implemented in Kerala, which is primarily intended to modernise the public hospitals and make them patient friendly.
- ◆ Kerala's new health policy aims not only to make structural modifications but also lay down a holistic health scheme to integrate modern medicinal system with the AYUSH streams.
- ◆ The Government of Karnataka this year allocated Rs 5,118 crore for the Department of Health and Family Welfare, which is more than the previous budget allocation.
- ◆ Five Super Speciality Hospitals to be established in Karnataka at a cost of Rs 25 crore each for treatment of cancer, heart diseases and other lifestyle diseases.
- ◆ One ambulance service to be provided in a radius of 10-15 km for population of every 35,000 in Karnataka.
- ◆ Under National Health Mission, dialysis centres to be established in 114 taluks of Karnataka.
- ◆ AYUSH Treatment Centres to be established under NHM in all taluk hospitals of Karnataka.
- ◆ Extension of e-Hospital programme to 206 community health centres and 2,353 PHCs in Karnataka under NHM.



JAYASHREE THACKER
President, PerkinElmer (India) Pvt Ltd

PerkinElmer had been present in India since 1984 through a channel partner. From 2007 onwards, PerkinElmer (India) is operating as a 100% subsidiary of its parent organisation from Mumbai with regional offices across the country. We also have a diagnostic lab in Chennai. We deliver innovative solutions in the areas of diagnostics, life sciences, and applied markets. Our solutions help scientists, lab professionals and clinicians answer important questions linked to the impact of environment on human health.

Conference Report

Inaugural Session



TL ALAMELU

*Director and General Manager
The New India Assurance Company Ltd*

In India, only 17% of the population is covered by health insurance. A study shows that the single biggest factor for pushing middle class families to the below poverty line (BPL) is mainly expenditure on health. People struggle to come up while health issues push them down. As much as 80% of expenditure on health is out of pocket or not covered under the health insurance. Of which, 28% is the borrowed money. That is how people survive health issues in India.



The main focus of the summit was on four thematic areas: Best practices in healthcare delivery, leadership and governance to healthcare delivery, strengthening coordination – self-help group model for health, information communication technology in healthcare.

DR SUDHA CHANDRASHEKAR

Director (M), SAST

Gratitude is a powerful process and I have the pleasant task of expressing our thanks to everyone involved in the event through their presence today or assisting in organising this health care summit. Health translates beyond boundaries and Honorable Health Minister of Kerala has taken time off from her state to be here today and share her thoughts.



RANI DESAI

Head, Strategy and Operations, Biocon Foundation

We have developed Primary Health – eLAJ clinic model, which combines EMR has been developed especially for the primary healthcare. It can be installed at any PHCs in the country. eLAJ digitises records of patients and also integrates health camp data. eLAJ has three interconnected modules such as registration, clinical consultation and diagnostic.

These modules talk to each other's database effectively. We can also build telemedicine into this for specialist consultation.

Conference Report

Plenary Session 1



LEADERSHIP AND GOVERNANCE IN HEALTHCARE DELIVERY

Governance and leadership in health are crucial features of the country's developmental goals and are intricately related to issues linked to fixing accountability and strengthening the healthcare delivery system. The session, Leadership and Governance in Healthcare Delivery, highlighted innovative ways to redress the limited institutional capacity in India, measures undertaken by the Government of Karnataka to fill delivery gaps and how leadership needs to align itself with changing paradigm.



DR PRIYA BALASUBRAMANYAM KAKKAR
*Senior Public Health Specialist, Scientist and Director
Public Health Foundation of India*

Governance in health is being increasingly regarded as a salient theme on the development agenda. Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. The need for greater accountability arises both from increased funding and a growing demand to demonstrate results.

Conference Report

Plenary Session 1

DR ALEXANDER THOMAS
*President
AHPI and ANBAI*



Innovation is driving health sector in Karnataka. One of the innovations that the Government of Karnataka has undertaken is to run specialist courses for doctors in the State by the National Board of Examinations (NBE) to address the shortage of specialist doctors... The Board at present conducts postgraduate and postdoctoral examinations in 54 disciplines.

DR AJAY BAKSHI
*MD and CEO
Manipal Hospitals*



How does healthcare delivery impact Governance? How do we build organisations and leaderships to manage new paradigm better? It is really matter how do we use knowledge for the betterment of individual, community, society, etc. In my view, the modern sense of leadership listens and asks right questions.

DR SHACHI ADYANTHYA
*Senior Project Officer, National Health System
Strengthening, UNDP*



The Ministry of Health and Family Welfare is currently rolling out an innovative electronic vaccine intelligence network called eVIN across 12 states in India. eVIN aims to support the Government of India's Universal Immunisation Programme by providing real-time information on vaccine stocks and flows, and storage temperatures across all cold chain points in these states. The technological innovation is implemented by the UNDP with financial support from Gavi - The Vaccine Alliance.

TL ALAMELU
*Director and General Manager
The New India Assurance Company Ltd*



As part of innovation, the New India Assurance has introduced Cancer Medical Expense Policy. The idea behind introduction of the policy is to spread awareness for the prevention of the disease. This policy has helped the New India Assurance reaching a large number of people.

Conference Report

Plenary Session 1



Key Takeaways

- ◆ Governance and leadership in health are linked to the need for greater accountability arising from increased funding and a growing demand to demonstrate results.
- ◆ One of the innovations that the Government of Karnataka has undertaken is to run specialist courses for doctors in the State by the National Board of Examinations (NBE) to address the shortage of specialist doctors.
- ◆ The Ministry of Health and Family Welfare is currently rolling out an innovative electronic vaccine intelligence network called eVIN across 12 states in India.
- ◆ eVIN aims to support the Government of India's Universal Immunisation Programme by providing real-time information on vaccine stocks and flows, and storage temperatures across all cold chain points.
- ◆ eVIN has been rolled out in 371 districts of Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Madhya Pradesh, Manipur, Nagaland, Odisha, Rajasthan and Uttar Pradesh.
- ◆ There are only 8 diagnostic labs per 100,000 people in India and 70 per cent of the diagnostic industry functions without pathologists, biochemists or microbiologists. This poses a challenge for ensuring quality services.

DR CHARUSHEILA RAMKUMAR *OncoStem Diagnostics Ltd*

OncoStem's focus is on developing tests to identify patterns of recurrence in various cancers. While most cancer treatment is primarily geared toward preventing cancer recurrence, the knowledge of a patient's risk of recurrence is critical in tailoring personalised therapeutic strategies.



PROF KSHAMA HIEMATH *Director and Co-founder, Trident Diagnostics, Bangalore*

Sixty to seventy per cent of medical conditions depend on diagnostic and laboratory tests. The Indian Laboratory and Diagnostic Market is touted to touch US\$5.5 billion by 2020. Presently, approximately 100,000 diagnostic laboratories are functioning in India of which only 1% of the diagnostic labs are accredited.



BEST PRACTICES IN HEALTHCARE DELIVERY FROM INDIAN STATES

As India moves closer to its Universal Health Coverage goal, lessons from innovative programmes initiated by various states can play a crucial role in realising it. The session, Best Practices in Healthcare Delivery from Indian States, highlighted some of the unique programmes that are making healthcare in the country people-friendly and affordable.



DR RATHAN KELKAR

***Mission Director, National Health Mission and
Executive Director, Suvarna Arogya Suraksha Trust,
Department of Health and Family Welfare
Government of Karnataka***

Karnataka is the first state in India to move towards universal health coverage (UHC) for all its citizens. The UHC's objectives include equity in access to health services, i.e., everyone who needs services should get them and not just those who can afford them; the quality of health services must be good enough to improve the health of those receiving the services; and people should be protected against financial risk, thus ensuring that cost of availing these services does not put them at risk of financial harm.

Conference Report

Plenary Session 2

Key Takeaways

- ◆ Karnataka covers more than 90% of its population (APL and BPL) in tertiary care. The National Health Mission, Karnataka, augments primary healthcare, while secondary healthcare is provided through a mix of schemes – both state as well as central.
- ◆ Tertiary care schemes are implemented by Karnataka in assurance mode as opposed to insurance mode. The scheme implemented for BPL families was commended by the World Bank which found a reduction of up to 64% in out of pocket expenses.
- ◆ The Government of Karnataka has announced the convergence of all health insurance schemes; inclusion of all the families under UHC; and continuation of Yeshaswini scheme. All schemes to be brought under the control of Department of Health and Family Welfare.
- ◆ The State Health Mission in Kerala will work to ensure the success of Ardran Mission, which will be implemented in three stages in Government Medical College Hospitals, District Hospitals, Taluk Hospitals, Ayurveda and Homeo Hospitals and Primary Health Centres.
- ◆ A Task Force and a full time Chief Executive will be in charge of managing the day to day affairs of the Mission. Additional Chief Secretary of the Health Department will serve as the Mission Secretary and the Chairperson of Task Force.

DR NEETA VIJAYAN MP
Senior Programme Manager, RCH, National Health Mission, Government of Kerala



Ardran Mission is a project to make government hospitals people-friendly by improving their basic infrastructure. Government hospitals can be made people friendly to a large extent by ensuring that out-patient medical checkup and other investigation facilities are timely available. This would also enable the hospital administration to give adequate attention to in-patient services.

KV RAMANA
Director, Department of Health Puducherry UT



The Government of Puducherry has given utmost priority to the healthcare. We offer free-medicare to all its citizens. As much as 2.5% of Puducherry's GDP is being invested on healthcare. Eight to ten per cent of planned budget goes to the Department of Health and Family Welfare. Increasing demand for cardiac surgery and lack of skilled manpower has led to signing of an MoU between the Department of Health and Lifeline Hospital, Chennai on PPP mode.



STRENGTHENING COORDINATION – SELF-HELP GROUP MODEL FOR HEALTH

One of India's inherent strengths is self-help groups, which are efficiently making the last mile delivery of healthcare services a reality. This session highlighted that having already several achievements under their belt, the successful models of self-help groups across the country can be replicated elsewhere and the cumulative learnings from their experiences can make a huge contribution in strengthening the very fabric of the Indian healthcare system.



Conference Report

Plenary Session 3



Key Takeaways

- ◆ Karnataka Health System Resource Centre channelises technical assistance and provides capacity-building support to Karnataka State Government to strengthen the Public Health System in the state. KSHSRC also acts as facilitating agency for Civil Society action.
- ◆ Kudumbashree, a community organisation of Neighborhood Groups (NHGs) of women in Kerala, has been recognised as an effective strategy for the empowerment of women in rural as well as urban areas – bringing women together from all spheres of life to fight for their rights or for empowerment.
- ◆ Kerala has a high female literacy rate of 86.2%, a low infant mortality rate (IMR) of 12 (against the national average of 40) a favourable sex ratio of 1032 female/1000 male, low maternal mortality rate (MMR) 0.8/1000 and a high life expectancy of 74 female/70 male.
- ◆ Self-help groups are seen as instruments for goals including empowering women, developing leadership abilities among poor people, increasing school enrollments, and improving nutrition and the use of birth control.

Conference Report

Plenary Session 3



DR SM SADHANA

*Executive Director, Karnataka Health System Resource Centre
Government of Karnataka*

KSHSRC was started in 2009 to technically assist the Department of Health and Family Welfare, Government of Karnataka to build the capacities of the officers of the Department. KSHSRC proactively identifies the issues, gaps, deficiencies in the health system and works towards solving them. It has expanded its activities by entering into collaboration with like-minded agencies who work in health – research, strengthening public health, hospital research and health policy.

DR DIVYA S IYER

*Sub-Collector, Thiruvananthapuram District,
Government of Kerala*



Kerala is ensuring participatory model of healthcare.

'Kudumbashree' is one such great example. Kudumbashree is Kerala's State Poverty Eradication Mission, which was launched on May 17, 1998. The Mission aims to eradicate absolute poverty within a definite time frame of 10 years under the leadership of Local Self Governments formed and empowered by the 73rd and 74th Amendments of the Constitution of India.

PROF DR AMINA ATHER

*Directorial Jury for Sustainable and Community
Outreach, Public Health, UNESCO*



The system of Self-Help Groups was started 70 years ago. Self-Help Group (SHG) is a small voluntary association of poor people, preferably from the same socio-economic background. They come together for the purpose of solving their common problems through self-help and mutual help. The SHG promotes small savings among its members. A SHG may be registered or unregistered.

Conference Report
Plenary Session 4



HEALTH SYSTEM FINANCING MANAGEMENT

Healthcare financing and management is the key to ensuring access to quality and affordable healthcare services in India. But there is no perfect health financing model, and there is a need to understand the entire health financing architecture to make it work. CSR in healthcare, as followed by Karnataka, can be one of the many ways to raise resources to fund healthcare initiatives.



SUDHA CHANDRASHEKAR

*Director (Medical), Suvarna Arogya Suraksha Trust,
Department of Health and Family Welfare,
Government of Karnataka*

“Resources are important for functioning of operations smoothly. So how to raise resources? When we visit district or taluk hospitals we feel that resources or funds allocation to them are always less. There are many ways to raise resources. Corporate Social Responsibility (CSR) is one way of raising funds. How can we do local resource mobilisation to meet some of the critical needs! Two aspects are important. One, how to raise resources, and another, how to manage them?”

Conference Report

Plenary Session 4

PRIYANKA SAKSENA
Technical Officer
World Health Organisation



Achievement of Universal Health Coverage (UHC) has been adopted as a health system goal by many governments, including India. UHC means access to needed quality health services for everyone without financial hardship. Progress towards UHC depends on all aspects of health systems.

NEERAJ LAL
Cluster Head & Vice President
Rainbow Children's Hospital



Rainbow Hospital for Women and Children has 15 glorious years of excellence in child care, women care and fertility. It is the first corporate children's hospital in India, started on November 14, 1999 on Children's Day. Setting the benchmark in neonatal and paediatric intensive care, Rainbow has played a major role in saving thousands of critically ill children and has emerged as one of the best children's hospital in the country.

RAVI BHANDARI
CEO
Shalby Ltd



Shalby Hospitals is a chain of Multispecialty Hospitals. It has nine hospitals having full-fledged operations across six locations in Western and Central India and three more multispecialty medical facilities in various stages of completion and commissioning by the end of 2016. This will help the group to cross 2,500 beds mark from its current installed capacity of 1,700 beds.

Key Takeaways

- ◆ Corporate Social Responsibility (CSR) is one of the best ways of raising financial resources in health sector. Mobilisation of local resource to meet critical needs should also be stressed upon.
- ◆ For UHC to be effective, all people and communities should be able to use promotive, preventive, curative, rehabilitative and palliative health services of acceptable quality as per their need.
- ◆ Turkey's Unified Health Transformation Programme is an excellent example of strengthening and reforming the health system to improve performance both in terms of equity and efficiency.
- ◆ In terms of innovative financial models for healthcare, Ghana's National Health Insurance Service stands apart.
- ◆ Philippines' tobacco taxation is a major source of finance for health sector.
- ◆ Successful reforms in health financing have features like mandatory enrollment with progressive contributions.

Conference Report

Plenary Session 5



ICT IN HEALTHCARE

ICT in healthcare should be designed in such a way that it should be able to develop a secure environment and maintain a uniform flow of information, according to experts who addressed the session, ICT in Healthcare, at Healthcare Summit Karnataka. The use of technology must be linked to the quality and efficiency of the services delivered. To address the 'real problems' should be pivotal to the use of information technology in healthcare.



DR SANJAY SHARMA
Secretary, Telemedicine Society of India, Karnataka Chapter

Why do so many seemingly great technologies fail to penetrate the healthcare system? Many new technologies do not address the real problem. Technology is worth nothing if it does not solve an important problem or improve lives. No one wants to pay for new technologies. Patients, physicians, hospitals as well as insurance companies think that someone else should pay for new technology... Moore's law predicts that every two years the cost of computing will fall by half. Computers make things better and cheaper. In healthcare, new technology makes things better but more expensive.

Conference Report

Plenary Session 5

Key Takeaways

- ◆ Many new technologies fail to penetrate the healthcare system because they do not address the real problem.
- ◆ ICT in healthcare should be calibrated to solve important problems or improve lives.
- ◆ A mechanism needs to be evolved to get clarity as to who should be paying for the adoption of new technologies.
- ◆ Often the basic design requirements for medical IT systems stem from the needs of hospital administrators, insurance companies, and other stake holders, whose priorities have much more to do with collecting data for billing and administrative purposes than providing doctors with tools to support their work.
- ◆ Technology in healthcare is increasing costs. Moore's law predicts that every two years the cost of computing will fall by half. Computers make things better and cheaper. But in healthcare, new technology makes things better but more expensive.
- ◆ Even a well-designed tech product can become user unfriendly if it takes more than a few minutes to use, as doctors lack time. The quality of the care can be enhanced through reasonable cost-effective methods, decreasing the clinical dispute, increasing customer satisfaction and bringing in more profit or value for money.

NAGESH RANGAPPAN
CEO
iMedrix Solutions Pvt Ltd



The fact that we, as a Silicon Valley entity, do all our lead R&D in India speaks volumes to the quality of our founding team in India. We will be evolving our roadmap further, primarily out of Bangalore to make a telemedicine aggregator. This scalable architecture, called the IOT telemedicine stack, is being developed both in the US and India jointly.

DR PUNEET MEHTA
*Medical Superintendent and Head of the Unit
Billroth Hospitals*



Billroth Hospitals, which is a National Accreditation board for hospitals (NABH) certified, aims to provide standard health care with its world-class facilities and infrastructure. Our state-of-the-art technology and well-qualified doctors and nurse practitioners contribute to the success of the institution by providing maximum care and support to the patients.

Conference Report

Felicitation Ceremony



(L-R) Karnataka Health Minister KR Ramesh Kumar felicitating Dr K Rajeswara Rao, Joint Secretary, Ministry of Health & Family Welfare, Government of India.



(L-R) Kerala Health Minister KK Shailaja Teacher and Karnataka Health Minister KR Ramesh Kumar felicitating TL Alamelu, Director and GM, The New India Assurance Company Ltd.



(L-R) Jayashree Thacker, President, PerkinElmer Pvt Ltd, being felicitated at the Karnataka Healthcare Summit 2017.



(L-R) Dr Shachi Adyanthaya, Sr. Programming Officer, UNDP India being felicitated by Dr Rathan Kelkar, Mission Director, National Health Mission, Karnataka.



(L-R) A representative of HSCC (India) Ltd being presented with the PSU Leadership Award.



(L-R) Rani Desai, Head, Biocon Foundation, being felicitated by the Karnataka Health Minister.

Leaders in the healthcare space are vigorously pushing the sector to the next level through their innovative ideas and firm belief that India can emerge as a major global healthcare hub. Recognising their key role in transforming healthcare space, the Karnataka Healthcare Summit-2017 felicitated leaders in healthcare space for their significant contribution to the field.

Conference Report

Expo

With several leading healthtech companies showcasing their latest products and solutions, the Karnataka Healthcare Summit-2017 emerged as a convergence point for leading technologies and innovations in healthcare space.



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