

BENNETT, COLEMAN & CO. LTD. | ESTABLISHED 1858 | NEW DELHI | THURSDAY, JANUARY 2, 2014 | PAGES 12 | CAPITAL | PRICE ₹4.50, ₹7.00 WITH ET OR ₹6.50 WITH NAVBHARAT TIMES

# THE TIMES OF INDIA

INCLUSIVE OF DELHI TIMES | TIMESOFINDIA.COM | ENPUB@TIMESOFINDIA.COM

<b>NATIONAL</b>	
<b>4 AUGUST 2017</b>	<a href="http://epaperbeta.timesofindia.com"><u>http://epaperbeta.timesofindia.com</u></a>

Aug 04 2017 : The Times of India (Delhi)

# Poor record of PPPs in healthcare raises concern

Rema Nagarajan

Public-private partner ships (PPPs) are being promoted as a necessity to improve people's access to healthcare services but concerns over the poor record of PPPs in healthcare persist. Even the two main private parties who were part of Niti Aayog consultations for PPP in healthcare, the Confederation of Indian Industries (CII) and the private healthcare players' federation called NATHEALTH, were hardpressed to give examples of successful PPPs in healthcare.

While several models of PPP have been tried since early 2000, there is no dearth of stories of disasters in healthcare PPPs. One of the most well-known PPP is that between a large corporate hospital in South Delhi and Delhi government where the government gave 15 acres of land free of cost and also invested over Rs 23 crore with the understanding that 33% of the beds would be free. When the Delhi government took the hospital to court for not providing free treatment, it was argued that the agreement was only for "free beds" and not for "free treatment". The case drags on in court. The fiasco was put down to poor drafting and proponents of PPPs say that if drafted well, agreements could work. However, the fact that the World Bank ranks India 172 out of 190

BENNETT, COLEMAN & CO. LTD. | ESTABLISHED 1838 | NEW DELHI | THURSDAY, JANUARY 2, 2014 | PAGES 12 | CAPITAL | PRICE ₹4.50, ₹7.00 WITH ET OR ₹6.50 WITH NAVBHARAT TIMES

# THE TIMES OF INDIA

INCLUDES OF DELHI TIMES | TIMESOFINDIA.COM | ENPUBTHESSUPINDIA.COM

<b>NATIONAL</b>	
<b>4 AUGUST 2017</b>	<b><u><a href="http://epaperbeta.timesofindia.com">http://epaperbeta.timesofindia.com</a></u></b>

countries on enforcing contracts, inspires little confidence in the government's ability to draw up water-tight contracts that would ensure that the public would not get a raw deal in these PPPs.

PPP advocates defend the difficulty in finding examples of successful PPPs in healthcare by saying that there are so many different models in healthcare which are broadly termed PPPs that it was difficult to pin down what exactly was being referred to by the term PPP. The various kinds of models could include medical contracts, franchising, joint ventures, voucher or service purchase coupon, social health insurance, health cooperatives and subsidies. Government consultations have been mostly with the corporate groups in healthcare. The National Commission of Macroeconomics in Health estimated in 2005 that owner-operated health facilities, like polyclinics and nursing homes constitute over 85% of India's private health sector. Yet, this dominant segment appears to be absent in the consultations on accessibility to healthcare.

Anjan Bose, secretary general of NATHEALTH, a federation of corporate hospitals, medical technology companies and other private healthcare players when contacted said that his organisation had no reports or case studies of successful PPPs in healthcare though some NATHEALTH members did count their own PPPs as successful ones. "It is difficult to measure the success of healthcare PPPs. But ask yourself why there was a need for PPPs at all. Obviously, the government is unable to make the required investment in healthcare delivery. It talks about investing 2.5% of GDP in health, but that has been a moving target for more than a decade. So, it needs PPP and has to make it work through robust agreements with well-defined outcomes and strong

BENNETT, COLEMAN & CO. LTD. | ESTABLISHED 1838 | NEW DELHI | THURSDAY, JANUARY 2, 2014 | PAGES 12 | CAPITAL | PRICE ₹4.50, ₹7.00 WITH ET OR ₹6.50 WITH NAVBHARAT TIMES

# THE TIMES OF INDIA

INCLUDES OF DELHI TIMES | TIMESOFINDIA.COM | ENPUBTHESUPINDIA.COM

<b>NATIONAL</b>	
<b>4 AUGUST 2017</b>	<b><u><a href="http://epaperbeta.timesofindia.com">http://epaperbeta.timesofindia.com</a></u></b>

regulation,” explained Bose. Also, rather than an entirely private set up, won't the government have better possibility of control over a PPP?” he asked. CII too was not able to share any examples of successful PPPs in healthcare though the Niti Aayog document on engaging the private sector for treating cancer and cardiac and respiratory diseases mentions that four regional workshops were organised by the CII on the subject.

Niti Aayog's document states that as the government's premier 'think-tank', it was mandated to provide the Centre and states with “strategic and technical advice on evidence-based policy making” in various sectors including health. While there are many examples of PPP working in infrastructure projects like highways, there seems to be a dearth of evidence of successful healthcare PPPs.

“We have to deal with a highly corrupt private healthcare sector looking to maximise profits and trying to get the most out of the PPP and a government that behaves like a demanding and suspicious husband in the partnership, making impractical demands but with no real management structures,” remarked a health ministry official adding that the language of partnership had to be junked to be replaced with the idea of well-drafted contracts. Meanwhile, the learning process in PPPs is on in full swing with innumerable models being tried across the country.

BENNETT, COLEMAN & CO. LTD. | ESTABLISHED 1838 | NEW DELHI | THURSDAY, JANUARY 2, 2014 | PAGES 12 | CAPITAL | PRICE ₹4.50, ₹7.00 WITH ET OR ₹6.50 WITH NAVBHARAT TIMES

# THE TIMES OF INDIA

INCLUDES OF DELHI TIMES | TIMESOFINDIA.COM | ENPUBTHEMSTIMESOFINDIA.COM

NATIONAL

4 AUGUST 2017

<http://epaperbeta.timesofindia.com>



**While several models of PPP have been tried since early 2000, there is no dearth of stories of disasters in healthcare PPPs**

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31808&articlexml=Poor-record-of-PPPs-in-healthcare-raises-concern-04082017014049>



**NATIONAL**

**19 AUGUST 2017**

**<http://www.drugtodayonline.com>**

## Dr Jairam gets FICCI's 'Healthcare Personality of the Year' award

POST 19 AUGUST 2017

### DTMT NETWORK



**BENGALURU:** *The FICCI awards, supported by the Quality Council of India, recognize significant achievements in the year gone by.*

Dr Nanda Kumar Jairam, CEO, Chairman and Group Medical Director, Columbia Asia Hospitals, India, has been adjudged and awarded the 'Healthcare Personality of the Year' in the ninth

Healthcare Excellence Awards by the Federation of Indian Chambers of Commerce and Industry (FICCI). The award is supported by the Quality Council of India.

With 40+ years in the profession, Dr. Jairam has been associated with Columbia Asia Hospitals for more than 12 years. He is also the Chairman of the National Accreditation Board for Hospitals & Healthcare Providers.

Dr Jairam is the founder member of NATHEALTH and GAPIO as well as the founder trustee for Terry Fox Foundation-Bangalore. He has founded the Krishna Charitable Trust.

After receiving the award Dr. Jairam said, "I commit to continue my journey towards quality healthcare in India."

The award recognises the contributions of those who have made significant achievements during the past year in terms of business growth, mergers and acquisitions, positive regulatory change, betterment of academia, research, global expansion, etc.

<http://www.drugtodayonline.com/medical-news/nation/5822-dr-jairam-gets-ficci-s-healthcare-personality-of-the-year-award.html>



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></b>

**Medical Equipment & Devices: Building Capacity under Make in India**  
Published on: August 23, 2017



Experts deliberate on 'Medical Equipment & Devices: Building Capacity under Make in India' during HLF-New Delhi.



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><u><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></u></b>



**Anjan Bose**

Secretary-General ,  
Healthcare Federation of India (NATHEALTH)

“The moment inclusive healthcare is mentioned to me the following things come to my mind: universal health coverage, health for all, affordable, accessible and available across the country. India is a very diverse country. We have vast differences like European Union has from Yugoslavia to England and North Finland to South Italy. So, inclusivity is a tall order. Among the few prerequisites for Make in India include investment, innovation, skill and infrastructure.”



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><u><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></u></b>



**Rajiv Nath**

Forum Coordinator, AIMED and Joint Managing Director, Hindustan Syringes and Medical Devices

“Make in India is very interesting for medical devices because we don’t make most of devices in India. We import 70 per cent of the devices. Last year, the import bill was Rs 75,500 crore and electronics constituted 90 per cent of it. It is going up every year by Rs 2,500 crore or more. Even in percentage, it is not a falling figure and going up. So, definitely something is lacking in the ecosystem or policy framework, which is allowing this to happen. We want to make in India, but we need to look at why it is not being done. Is it the issue of competency, or competitiveness, or is it about the lack of capacity?

Sometimes competitiveness can be created in very adverse environment and 700-800 odd manufacturers you find, who are making in India, are the ones who had the competency and the competitiveness to survive in a very adverse environment. They have to compete against imports coming in at a 0-7.5 per cent custom duty as compared to the automotive sector, which has 150 per



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><u><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></u></b>

cent to 200 per cent duty, or even bicycles at 20 per cent duty. So, anywhere there is a duty protection, it has definitely helped the industry.”



**Amit Bhatnagar**

Managing Director, Accuster Technologies Pvt Ltd

“Besides ‘Make in India’, it has to be ‘Make for India’ also. Not just from the market perspective but also from the design perspective. We need to design and build the medical devices according to India’s challenges and context. Challenges are different from other countries because they are not only environmental but also cultural and economical.

We need to find out holistic answers, which try to meet the challenges of Indian market. We need to design products that are made for India and make in India. The challenge that I picked up is that 90 per cent of Indians are not getting quality diagnostics. I took four months to find out the reason behind it. The reason was very simple. The technology we are trying to bring in is not designed for Indian challenges. Delicate technology products are not fit to be transported to a remote location as there are challenges of availability of



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><u><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></u></b>

power and skilled manpower. Keeping all these challenges, we developed our own products. We developed a 600 gm analyser compared to 7-8 kg of heavy and delicate equipment. Further, we miniaturised the whole lab in a suitcase. We made such equipment that work from 2 degree Celsius to 50 degree Celsius, which consumes one-twentieth of the electricity of what conventional lab does.”



**Dr Jitendar Sharma**

Director and CEO, Andhra Pradesh Medtech Zone

“Because of the positivity that our sector carries, we have not encountered any challenge that cannot be resolved. That is essentially because of the partners that we have. Andhra Pradesh is the only state in India that has achieved universal health coverage. We achieved it because of our focus on both poor as well as non-poor population. Many states in India have schemes for the poor who are given some sort of coverage in both public and private hospitals. But the essential challenge for us was how to give healthcare coverage to non-poor.



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><u><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></u></b>

We launched a scheme on January 1 called Aarogya Raksha. Under this scheme, any person can pay Rs 100 per son irrespective of any secondary illness they have. Each individual can get Rs 2 lakh coverage per annum and is eligible for getting treatment in an air-conditioned semi-private ward in all government hospitals and almost 460 private hospitals. This was something which could not have been achieved without private sector engagement.

Before the scheme was launched, we fixed up the reimbursement prices by agreeing to keep increasing it annually in accordance with the Consumer Inflation Index. So, if you sort out such business and transactional bottlenecks it is possible to get the existing private sector on board, cover poor — which traditionally all governments have been doing — and also cover non-poor. To cover non-poor, by taking just Rs 100 premium per individual per month, we are spending less than what we are earning even as a government.”

**Chander Shekhar Sibal**

Executive Vice-President,  
Fujifilm India

“Fujifilm has survived because of innovation in crisis. We have adopted the changes; we brought new technologies and diversified ourselves into many businesses. Our 70-80 per cent business was in camera roll, which became obsolete after digital camera entered the market. But Fujifilm survived and thrived because we were present in many different fields like entering into medical equipment business — one of the very important steps that the company had taken at that point in time. We are still making X-ray films, the



<b>NATIONAL</b>	
<b>24 AUGUST 2017</b>	<b><u><a href="http://ehealth.eletsonline.com">http://ehealth.eletsonline.com</a></u></b>

analogue films and digital films and computer radiology systems. Healthcare IT is our backbone.

As far as medical equipment industry is concerned, India has become a very importfriendly country whereas manufacturing medical equipment is full of red-tapism, thus not allowing anybody to manufacture here.”

<http://ehealth.eletsonline.com/2017/08/medical-equipment-devices-building-capacity-under-make-in-india/>

# Healthcare EXECUTIVE

Aiding smart business decisions

<b>NATIONAL</b>	
<b>11 AUGUST 2017</b>	<a href="https://www.healthcareexecutive.in"><u>https://www.healthcareexecutive.in</u></a>

## Healthcare Industry Welcomes NITI Aayog's PPP Model to Manage NCDs at District Hospitals

Aug 10, 2017

07

Healthcare industry has welcomed NITI Aayog's draft proposal to improve access to quality screening, diagnostic and treatment services related to three non communicable diseases (NCDs) viz. cardiology, oncology and pulmonology in district hospitals through public private partnerships.



Healthcare industry has welcomed NITI Aayog's draft proposal to improve access to quality screening, diagnostic and treatment services related to three non communicable diseases (NCDs)

Anjan Bose, secretary general of NATHEALTH, complementing the NITI Aayog's initiative, said "The government is keen to have collaborative approach to improve

# Healthcare EXECUTIVE

Aiding smart business decisions

<b>NATIONAL</b>	
<b>11 AUGUST 2017</b>	<b><u><a href="https://www.healthcareexecutive.in">https://www.healthcareexecutive.in</a></u></b>

the healthcare delivery. We have had discussions with the NITI Aayog and Health ministry to promote PPP model in healthcare to ensure accessible, affordable and quality healthcare for all.”

Considering the severity of NCDs and overcrowded and resource-starved district hospitals, NITI Aayog’s proposal to reduce the burden of public health facilities and ensure standard of care for NCD patients through PPP model is an interesting step. This will help manage and prevent NCDs in parts of the country, he said.

The aim of the proposal is to help state governments enhance access to NCD services in the district hospitals and also decongest tertiary facilities at the state level, reduce out-of-pocket expenditures for the patient on diagnosis, treatment and care and create infrastructure and develop capacity in the assigned district hospital to provide at least basic tertiary care and advanced secondary care related to the three NCD specialties in the medium and long term, he opined.

Health ministry to promote PPP model in healthcare to ensure accessible, affordable and quality healthcare for all



# Healthcare EXECUTIVE

Aiding smart business decisions

<b>NATIONAL</b>	
<b>11 AUGUST 2017</b>	<b><u><a href="https://www.healthcareexecutive.in">https://www.healthcareexecutive.in</a></u></b>

The PPP models in healthcare have not been very successful and scalable in the past. Therefore, it is important to ensure that robust agreements are drawn up and adequate regulation, governance mechanism is setup, added Anjan Bose.

As per the proposal drafted in consultation with World Bank, the state governments will lease space in district hospitals in tier 2 and 3 cities to a private player or a consortium of private players for 30 years to run 50-100 bedded hospitals offering NCD services. The space in district hospitals will be leased to private hospitals through bidding process. The government will provide private players viability gap funding (VGF) or one-time seed money, share blood banks, ambulance service, mortuary service, physiotherapy services, bio medical waste disposal and other infrastructure in the district hospitals.

There will be no reserved beds or no quota of beds for free services. Those having insurance will get cashless treatment at the health facilities. The state government will reimburse the private hospitals for the patients referred/approved by designated authority of the assigned district hospital.

User fee may be fixed as the package rates discovered periodically through states/centre health insurance scheme(s). States which do not have any such health insurance packages, could use Central Government Health Services (CGHS) package rates for period when such insurance rates are not available.

<https://www.healthcareexecutive.in/healthcare-industry-welcomes-niti-aayogs-ppp-model-manage-ncds-district-hospitals>

# Healthcare EXECUTIVE

Aiding smart business decisions

<b>NATIONAL</b>	
<b>AUGUST 2017</b>	<a href="https://www.healthcareexecutive.in"><u>https://www.healthcareexecutive.in</u></a>

## Columbia Asia Hospitals CEO awarded “Healthcare Personality of The Year” by FICCI

Aug 18, 2017



Healthcare  
Personality  
of the  
Year'

Indian healthcare is growing at a tremendous pace today, owing to its strengthening expansion and services by both public and private players in the sector. Several healthcare organizations and individuals, through their dedication and determination for innovative solutions have contributed positively in countering the challenges that

# Healthcare EXECUTIVE

Aiding smart business decisions

<b>NATIONAL</b>	
<b>AUGUST 2017</b>	<a href="https://www.healthcareexecutive.in"><u>https://www.healthcareexecutive.in</u></a>

lurk large, on the healthcare sector.

The Healthcare Excellence Awards by the Federation of Indian Chambers of Commerce and Industry (FICCI), is an attempt in recognizing the contributions of those who have set benchmarks of excellence in the healthcare space.

Dr. Nanda Kumar Jairam, CEO, Chairman and Group Medical Director, Columbia Asia Hospitals, India, has been awarded as the 'Healthcare Personality of the Year' in the ninth Healthcare Excellence Awards by FICCI, held at The Le Méridien, New Delhi, on August 17. The program was supported by Quality Council of India.



I am honored that FICCI has bestowed this award on me. I cherish and value the award and the decision of the jury and commit to continue my journey towards quality healthcare in India.

Dr. Nanda Kumar Jairam

With 40+ years in the profession, Dr. Jairam has been associated with Columbia Asia Hospitals for more than twelve years now. Besides, he is also the Chairman of the National Accreditation Board for Hospitals & Healthcare Providers (NABH) under the auspices of QCI (Quality Council of India), and was Chairman of the health services committee of FICCI. He is the founder member of NATHEALTH and GAPIO as well as the founder trustee for Terry Fox Foundation Bangalore until its existence. He founded Krishna charitable trust.

"I am honored that FICCI has bestowed this award on me. I cherish and value the award and the decision of the jury and commit to continue my journey towards

# Healthcare EXECUTIVE

Aiding smart business decisions

<b>NATIONAL</b>	
<b>AUGUST 2017</b>	<b><u><a href="https://www.healthcareexecutive.in">https://www.healthcareexecutive.in</a></u></b>

quality healthcare in India,” said Dr. Jairam on receiving the award.

The ‘Healthcare Personality of the Year’ award has been crafted for healthcare professional who has significant achievements during the past year in terms of business growth, mergers and acquisitions, positive regulatory change, betterment of academia, research, global expansion, etc.

<https://www.healthcareexecutive.in/columbia-asia-hospitals-ceo-awarded-healthcare-personality-year-ficci>

# NowBreaking

NATIONAL

5 AUGUST 2017

<http://nowbreaking.in>

## Poor record of PPPs in healthcare raises concerns

By

[admin](#)

August 4, 2017



[Poor record of PPPs in healthcare raises concerns | India News](#)

Public- private partnerships (PPPs) are being promoted as a necessity to improve people's access to healthcare services but concerns over the poor record of PPPs in healthcare persist. Even the two main private parties who were part of Niti Aayog consultations for PPP in healthcare,

# NowBreaking

NATIONAL

5 AUGUST 2017

<http://nowbreaking.in>

the Confederation of Indian Industries (CII) and the private healthcare players' federation called NATHEALTH, were hard-pressed to give examples of successful PPPs in healthcare .

While several models of PPP have been tried since early 2000, there is no dearth of stories of disasters in healthcare PPPs. One of the most well-known PPP is that between a large corporate hospital in South Delhi and Delhi government where the government gave 15 acres of land free of cost and also invested over Rs 23 crore with the understanding that 33% of the beds would be free. When the Delhi government took the hospital to court for not providing free treatment, it was argued that the agreement was only for "free beds" and not for "free treatment". The case drags on in court. The fiasco was put down to poor drafting and proponents of PPPs say that if drafted well, agreements could work. However, the fact that the World Bank ranks India 172 out of 190 countries on enforcing contracts, inspires little confidence in the government's ability to draw up water-tight contracts that would ensure that the public would not get a raw deal in these PPPs.

PPP advocates defend the difficulty in finding examples of successful PPPs in healthcare by saying that there are so many different models in healthcare which are broadly termed PPPs that it was difficult to pin down what exactly was being referred to by the term PPP. The various kinds of models could include medical contracts, franchising, joint ventures, voucher or service purchase coupon, social health insurance, health co-operatives and subsidies. Government consultations have been mostly

# NowBreaking

<b>NATIONAL</b>	
<b>5 AUGUST 2017</b>	<b><a href="http://nowbreaking.in">http://nowbreaking.in</a></b>

with the corporate groups in healthcare. The National Commission of Macro Economics in Health estimated in 2005 that owner-operated health facilities, like polyclinics and nursing homes constitute over 85% of India's private health sector. Yet, this dominant segment appears to be absent in the consultations on accessibility to healthcare.

Anjan Bose, secretary general of NATHEALTH, a federation of corporate hospitals, medical technology companies and other private healthcare players when contacted said that his organisation had no reports or case studies of successful PPPs in healthcare though some NATHEALTH members did count their own PPPs as successful ones. "It is difficult to measure the success of healthcare PPPs. But ask yourself why there was a need for PPPs at all. Obviously, the government is unable to make the required investment in healthcare delivery. It talks about investing 2.5% of GDP in health, but that has been a moving target for more than a decade. So, it needs PPP and has to make it work through robust agreements with well-defined outcomes and strong regulation," explained Bose. Also, rather than an entirely private set up, won't the government have better possibility of control over a PPP?" he asked. CII too was not able to share any examples of successful PPPs in healthcare though the Niti Aayog document on engaging the private sector for treating cancer and cardiac and respiratory diseases mentions that four regional workshops were organised by the CII on the subject.

Niti Aayog's document states that as the government's premier 'think-tank', it was mandated to provide the Centre and states with "strategic

# NowBreaking

<b>NATIONAL</b>	
<b>5 AUGUST 2017</b>	<b><u><a href="http://nowbreaking.in">http://nowbreaking.in</a></u></b>

and technical advice on evidence-based policy making” in various sectors including health. While there are many examples of PPP working in infrastructure projects like highways, there seems to be a dearth of evidence of successful healthcare PPPs.

“We have to deal with a highly corrupt private healthcare sector looking to maximise profits and trying to get the most out of the PPP and a government that behaves like a demanding and suspicious husband in the partnership, making impractical demands but with no real management structures,” remarked a health ministry official.

<http://nowbreaking.in/india/poor-record-of-ppps-in-healthcare-raises-concerns-india-news/>



<b>NATIONAL</b>	
<b>18 AUGUST 2017</b>	<b><a href="http://healthtechnology.in">http://healthtechnology.in</a></b>

**Columbia Asia Hospitals CEO awarded “Healthcare Personality of The Year” by FICCI**

By [HT Team](#)

Posted on August 18, 2017



Indian healthcare is growing at a tremendous pace today, owing to its strengthening expansion and services by both public and private players in the sector. Several healthcare organizations and individuals, through their dedication and determination for innovative solutions have contributed positively in countering the challenges that lurk large, on the healthcare sector.

The Healthcare Excellence Awards by the *Federation of Indian Chambers of Commerce and Industry (FICCI)*, is an attempt in recognizing the contributions of those who have set benchmarks of excellence in the healthcare space.

**Dr. Nanda Kumar Jairam, CEO, Chairman and Group Medical Director, Columbia Asia Hospitals, India, has been awarded as the ‘Healthcare Personality of the Year’ in the ninth Healthcare Excellence Awards by**



<b>NATIONAL</b>	
<b>18 AUGUST 2017</b>	<b><u><a href="http://healthtechnology.in">http://healthtechnology.in</a></u></b>

**FICCI**, held at The Le Méridien, New Delhi, on August 17. The program was supported by Quality Council of India.

With 40+ years in the profession, Dr. Jairam has been associated with Columbia Asia Hospitals for more than twelve years now. Besides, he is also the Chairman of the National Accreditation Board for Hospitals & Healthcare Providers (NABH) under the auspices of QCI (Quality Council of India), and was Chairman of the health services committee of FICCI. He is the founder member of NATHEALTH and GAPIO as well as the founder trustee for Terry Fox Foundation Bangalore until its existence. He founded Krishna charitable trust.

“I am honored that FICCI has bestowed this award on me. I cherish and value the award and the decision of the jury and commit to continue my journey towards quality healthcare in India,” **said Dr. Jairam on receiving the award.**

The **‘Healthcare Personality of the Year’** award has been crafted for healthcare professional who has significant achievements during the past year in terms of business growth, mergers and acquisitions, positive regulatory change, betterment of academia, research, global expansion, etc.

The FICCI Healthcare Excellence Awards was conceptualized in 2009, with an aim to facilitate organizations and individuals for their contributions to the industry by innovating for increased efficiency, affordability and improved performance of healthcare delivery at large.

<http://healthtechnology.in/2017/08/18/columbia-asia-hospitals-ceo-awarded-healthcare-personality-of-the-year-by-ficci/>

# NowBreaking

NATIONAL

5 AUGUST 2017

<http://nowbreaking.in>

## Poor record of PPPs in healthcare raises concerns

By

admin

August 4, 2017



[Poor record of PPPs in healthcare raises concerns | India News](#)

[Public- private partnerships \(PPPs\) are being promoted as a necessity to improve people's access to healthcare services but concerns over the poor record of PPPs in healthcare persist. Even the two main private parties who were part of Niti Aayog consultations for PPP in healthcare, the Confederation of Indian Industries \(CII\) and the private healthcare](#)

# NowBreaking

NATIONAL

5 AUGUST 2017

<http://nowbreaking.in>

players' federation called NATHEALTH, were hard-pressed to give examples of successful PPPs in healthcare .

<http://nowbreaking.in/india/poor-record-of-ppps-in-healthcare-raises-concerns-india-news/>

**NATIONAL**

**11 AUGUST 2017**

**<http://www.pharmabiz.com>**

## **Healthcare industry welcomes NITI Aayog's PPP model to manage NCDs at district hospitals**

*Laxmi Yadav, Mumbai*

*Thursday, August 10, 2017, 08:00 Hrs [IST]*

Healthcare industry has welcomed NITI Aayog's draft proposal to improve access to quality screening, diagnostic and treatment services related to three non communicable diseases (NCDs) viz. cardiology, oncology and pulmonology in district hospitals through public private partnerships.

Anjan Bose, secretary general of NATHEALTH, complementing the NITI Aayog's initiative, said "The government is keen to have collaborative approach to improve the healthcare delivery. We have had discussions with the NITI Aayog and Health ministry to promote PPP model in healthcare to ensure accessible, affordable and quality healthcare for all."

NCDs will cost India US\$ 6.2 trillion by 2010. Considering the severity of NCDs and overcrowded and resource-starved district hospitals, NITI Aayog's proposal to reduce the burden of public health facilities and ensure standard of care for NCD patients through PPP model is an interesting step. This will help manage and prevent NCDs in parts of the country, he said.

The aim of the proposal is to help state governments enhance access to NCD services in the district hospitals and also decongest tertiary facilities at the state level, reduce out-of-pocket expenditures for the patient on diagnosis, treatment and care and create infrastructure and develop capacity in the assigned district hospital to provide at least basic tertiary care and advanced secondary care related to the three NCD specialties in the medium and long term, he opined.

The PPP models in healthcare have not been very successful and scalable in the past. Therefore, it is important to ensure that robust agreements are drawn up and adequate regulation, governance mechanism is setup, added Anjan Bose.

As per the proposal drafted in consultation with World Bank, the state governments will lease space in district hospitals in tier 2 and 3 cities to a private player or a consortium of private players for 30 years to run 50-100 bedded hospitals offering NCD services. The space in district hospitals will be leased to private hospitals through bidding process. The government will provide private players viability gap

# PHARMABIZ.com

india's most comprehensive pharma portal

## NATIONAL

11 AUGUST 2017

<http://www.pharmabiz.com>

funding (VGF) or one-time seed money, share blood banks, ambulance service, mortuary service, physiotherapy services, bio medical waste disposal and other infrastructure in the district hospitals.

There will be no reserved beds or no quota of beds for free services. Those having insurance will get cashless treatment at the health facilities. The state government will reimburse the private hospitals for the patients referred/approved by designated authority of the assigned district hospital.

User fee may be fixed as the package rates discovered periodically through states/centre health insurance scheme(s). States which do not have any such health insurance packages, could use Central Government Health Services (CGHS) package rates for period when such insurance rates are not available.

<http://www.pharmabiz.com/NewsDetails.aspx?aid=103643&sid=1>

# PHARMABIZ.com

India's most comprehensive pharma portal

<b>NATIONAL</b>	
<b>28 AUGUST 2017</b>	<b><u><a href="http://www.pharmabiz.com">http://www.pharmabiz.com</a></u></b>

## Meeting on draft pharma policy called in New Delhi on Aug 30 with stakeholders

*Our Bureau, Mumbai*

*Monday, August 28, 2017, 08:00 Hrs [IST]*

A day-long meet on draft pharmaceutical policy is called by department of pharmaceuticals (DoP) on August 30 in New Delhi to discuss key aspects of the policy with representative bodies of pharmaceutical industry and trade.

Representatives from IPA, IDMA, BDMA, FOPE, OPPI, CIPI, FICCI, ASSOCHAM, CII, PHD, Pharmexcil, AIDAN, Nathealth, Prayas, Consumer Connexion, LOCOST, JSA, AIOCD, AICDF, Consumer India have been invited for the conference.

The inaugural session of the meet will be addressed by Sudhansh Pant, joint secretary of DoP, Jai Priye Prakash, secretary of DoP, CK Mishra, secretary of ministry of health and family welfare, Ramesh Abhishek, secretary of department of industrial policy and promotion, Rita Teatota, secretary, department of commerce, Ajay Narayan Jha, secretary, ministry of environment, forests and climate change, Bhpendra Singh, chairman of National Pharmaceutical Pricing Authority, RajneeshTingal, joint secretary of DoP.

Divided into four sessions, the symposium will feature eight roundtable discussions on varied issues pertaining to pharmaceutical sector. The first session will have roundtable discussion on "Understanding and analyzing the extent of India's dependence on imports for key APIs (especially from China) followed by another roundtable discussion on "environmental issue".

The second session will also have two roundtable discussions on "Quality standards for exports of pharmaceutical products" and "R&D, drug discovery and innovation of new molecules" followed by roundtable discussions on "Contract/loan licensing manufacturing" and "Promotion of generic formulations" in third session. The fourth session will witness roundtable discussions on two contentious issues in pharma segment such as "Intellectual property rights issues" and "Pricing aspects including functioning of NPPA".

<http://www.pharmabiz.com/NewsDetails.aspx?aid=103919&sid=1>

# The India Post

Daily News

NATIONAL

5 AUGUST 2017

<http://www.theindiapost.com>

## Poor record of PPPs in healthcare raises concerns

By

admin

August 4, 2017



Poor record of PPPs in healthcare raises concerns | India News

Public- private partnerships (PPPs) are being promoted as a necessity to improve people's access to healthcare services but concerns over the poor record of PPPs in healthcare persist. Even the two main private

# The India Post

## Daily News

**NATIONAL**

**5 AUGUST 2017**

**<http://www.theindiapost.com>**

parties who were part of Niti Aayog consultations for PPP in healthcare, the Confederation of Indian Industries (CII) and the private healthcare players' federation called NATHEALTH, were hard-pressed to give examples of successful PPPs in healthcare .

While several models of PPP have been tried since early 2000, there is no dearth of stories of disasters in healthcare PPPs. One of the most well-known PPP is that between a large corporate hospital in South Delhi and Delhi government where the government gave 15 acres of land free of cost and also invested over Rs 23 crore with the understanding that 33% of the beds would be free. When the Delhi government took the hospital to court for not providing free treatment, it was argued that the agreement was only for "free beds" and not for "free treatment". The case drags on in court. The fiasco was put down to poor drafting and proponents of PPPs say that if drafted well, agreements could work. However, the fact that the World Bank ranks India 172 out of 190 countries on enforcing contracts, inspires little confidence in the government's ability to draw up water-tight contracts that would ensure that the public would not get a raw deal in these PPPs.

PPP advocates defend the difficulty in finding examples of successful PPPs in healthcare by saying that there are so many different models in healthcare which are broadly termed PPPs that it was difficult to pin down what exactly was being referred to by the term PPP. The various kinds of models could include medical contracts, franchising, joint ventures,

# The India Post

## Daily News

### NATIONAL

5 AUGUST 2017

<http://www.theindiapost.com>

voucher or service purchase coupon, social health insurance, health co-operatives and subsidies. Government consultations have been mostly with the corporate groups in healthcare. The National Commission of Macro Economics in Health estimated in 2005 that owner-operated health facilities, like polyclinics and nursing homes constitute over 85% of India's private health sector. Yet, this dominant segment appears to be absent in the consultations on accessibility to healthcare.

Anjan Bose, secretary general of NATHEALTH, a federation of corporate hospitals, medical technology companies and other private healthcare players when contacted said that his organisation had no reports or case studies of successful PPPs in healthcare though some NATHEALTH members did count their own PPPs as successful ones. "It is difficult to measure the success of healthcare PPPs. But ask yourself why there was a need for PPPs at all. Obviously, the government is unable to make the required investment in healthcare delivery. It talks about investing 2.5% of GDP in health, but that has been a moving target for more than a decade. So, it needs PPP and has to make it work through robust agreements with well-defined outcomes and strong regulation," explained Bose. Also, rather than an entirely private set up, won't the government have better possibility of control over a PPP?" he asked. CII too was not able to share any examples of successful PPPs in healthcare though the Niti Aayog document on engaging the private sector for treating cancer and cardiac and respiratory diseases mentions that four regional workshops were organised by the CII on the subject.

# The India Post

## Daily News

**NATIONAL**

**5 AUGUST 2017**

**<http://www.theindiapost.com>**

Niti Aayog's document states that as the government's premier 'think-tank', it was mandated to provide the Centre and states with "strategic and technical advice on evidence-based policy making" in various sectors including health. While there are many examples of PPP working in infrastructure projects like highways, there seems to be a dearth of evidence of successful healthcare PPPs.

"We have to deal with a highly corrupt private healthcare sector looking to maximise profits and trying to get the most out of the PPP and a government that behaves like a demanding and suspicious husband in the partnership, making impractical demands but with no real management structures," remarked a health ministry official.

<http://www.theindiapost.com/latest-news/poor-record-of-ppps-in-healthcare-raises-concerns/>