Delivering Excellence in Healthcare and Education:
The Manipal Experience

Padmashri Dr. Tonse Madhava Ananth Pai, Ranjan's grandfather, set up India's first private, self-financed medical college in 1953, in Manipal, in the State of Karnataka.

He might be a doctor by training but he’s better known as an astute investor and a successful entrepreneur. Defying conventional wisdom that says doctors can’t be good businessmen, some people have the ability to work for the society and also raise successful, sprawling business enterprises. One of whom is the Bengaluru-based billionaire entrepreneur Dr. Ranjan Pai who heads an Education and Healthcare empire in India.

The Pai family has been operating in the field of education for three generations as the Manipal Education and Medical Group (MEMG). Padmashri Dr. Tonse Madhava Ananth Pai, Ranjan’s grandfather, set up India’s first private, self-financed medical college in 1953, in Manipal, in the State of Karnataka. Over the years more colleges were set up in various disciplines and in 1993 this institution was given a university status and became the Manipal Academy of Higher Education (MAHE), which, recently, has been recognized by the Government of India as an “Institution of Eminence. The educational institutions grew in leaps and bounds under the leadership of Ranjan’s father, Padma Bhushan Dr Ramdas M Pai, who expanded the footprint beyond Karnataka to set up universities and educational institutions in Sikkim and overseas in Malaysia, Nepal, Dubai and Antigua.

Continuing with the strong legacy, Ranjan professionalized the operations and established Manipal Education and Medical Group as a corporate enterprise. Moving on from just education, MEMG’s offerings, today, are broadly spread across four key verticals of Education, Healthcare, Research and Foundation. A recent investment entry is in the health insurance sector. MEMG also incubates start-ups affiliated to these sectors.

However, the basic premise of all the companies and institutions under the MEMG umbrella stays the same today - a charter that requires them to offer socially relevant and affordable services. But this was the basic premise of Dr. TMA Pai’s vision, all along - his firm belief that if every person of our country has access to good education and healthcare, the person will have a good livelihood and be a productive citizen. Interestingly, in the 1990s United Nations, defined the eco-social development status of a country through a “human development index”, where two of the three components of the index were the education level and health status of its people - a fact Dr. Pai recognized over half a century ago.

The focus of MEMG is to contribute towards creating human skill pools in the country to support economic development by setting up educational institutions. This creation of skill pools has extended to other countries too, especially in Malaysia and Nepal. Over the years, Manipal graduates in clinical, engineering, management and other academic disciplines have contributed significantly to the economic and industry development in regions across India and in countries overseas.

MEMG, today, is one of the foremost umbrella institutions in India. It combines world class skills development with sustainable enterprise - and under the guidance of Dr. Ranjan Pai, leverages technology to move ahead with futuristic visions. Dr. H Sudarshan

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MARD doctors go on one-day strike in support of WB doctors

SOLIDARITY: MARD doctors along with IMA members from BJ General Medical College during a mass bunk, on Friday.

ST CORRESPONDENT
reporters@sakaaltimes.com

Pune: The Central Maharashtra Association of Resident Doctors (MARD), the Interns Association and the undergraduate MBBS students observed a day-long mass bunk on Friday to protest over violence against doctors in the government hospital in West Bengal.

The Indian Medical Association (IMA) members also observed a one-day protest by tying black ribbons on Friday.

The Alliance of Doctors for Ethical Healthcare (ADEH) showed solidarity with the doctors in West Bengal and demanded justice, safe and improved working conditions for doctors across the country.

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Ballal, the Chairman of Manipal Health Enterprises, adds, “At MEMG, the technology initiatives provide the freedom to deliver new pedagogic methods and systems of learning." Each of the skills imparted are extremely relevant and welcomed in the corporate sector, the advantage of wearing two hats - the teacher and the business leader.

That said, Pai’s healthcare business is also providing to be a sweet spot with investors. Recently, Singapore’s state-owned investment company Temasek Holdings bought out private equity investor True North’s entire 18% stake in the hospital chain for ₹1,100 crore, valuing the Company at an estimated $1 billion. Already an established hospital network in South India, it was inevitable that Manipal Health would eye a pan-India expansion at some point. Dr Ranjan Pai wants to entrench the Manipal brand in healthcare, not just in India but also in other countries. The Company already has a network of 10 hospitals across India, with 4 hospitals managed and, additionally, has one in Malaysia, and a clinic in Nigeria— with close to 6,500 beds, of which the city of Bengaluru alone has 1,100 beds. Manipal Health has now forayed into the north and has a 300-bed multi-speciality hospital in Jaipur, Rajasthan, and one in Dwarka, New Delhi, with 450 beds.

Manipal Health has also built its business around the tertiary-care model and is not dependent on one particular specialization. "We have centers of excellence and some of the best doctors in the country - who are leaders in their fields, extremely competent support staff that delivers on global standards, and skilful med-support.” added Dr. Ballal. The culture of social sustainability is driving excellence in the healthcare brands. The brand’s vision to provide affordable healthcare comes from a deeply insightful space. With a view to contribute a solution to the inaccessibility of affordable healthcare across the country, Manipal Health has partnered with the Government of India’s initiative - Ayushman Bharat, a health insurance cover of ₹ 5 lakhs per family, for 50 crore beneficiaries from below poverty levels, constituting around 40% of the population, for secondary and tertiary care hospitalization.

“We at Manipal Health are committed to providing a patient centric, clinically excellent and an ethical-technology driven health care. We are also looking at a viable PPP model to drive the exciting, yet challenging, universal health care mission of the Government’s Ayushman Bharat, the largest of such initiatives in the world.”

Says Dilip Jose, MD & CEO of Manipal Health Enterprises, “With plans to provide the best in class primary, secondary and tertiary healthcare, we think that Ayushman Bharat is very relevant initiative for our country. With 15 hospitals, including our teaching hospitals, and over 6000 beds, we can extend our support to geographies that are underserved in healthcare. While the basic building blocks for affordable healthcare are in place, what is needed is a progressive and proactive approach, backed by innovation, to healthcare delivery.”

Over the last few years, Dr. Ranjan Pai has gained the reputation of being a patient investor who has built a very focused yet diverse portfolio. His willingness to channel funds into startups that focus on high-risk sectors such as life sciences and biotechnology where investor interest is usually low—has won him the admiration of peers and entrepreneurs.

Leveraging technologies like artificial intelligence (AI), blockchain, and data analytics to provide this support, is another of Dr. Pai’s vision for MEMG. Generating and using data to improve health outcomes, maintain electronic health records and cloud storage and even customer-facing mobile apps, empower patients as well as healthcare providers to deliver much better service.

As Dr. Ballal, says, “We at Manipal Health are committed to providing a patient centric, clinically excellent and an ethical-technology driven health care. We are also looking at a viable PPP model to drive the exciting, yet challenging, universal health care mission of the Government’s Ayushman Bharat, the largest of such initiatives in the world.”

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Continued from P1

Speaking to Sakal Times, Dr Shishir Khose, MARD President from BJ General Medical College (BJGMC) said, “MARD has demanded a strong law against this violence. We condemn the brutal attacks on doctors in Kolkata. We have observed a mass bunk between 8 am to 5 pm to mark our protest. Healthcare is a crucial aspect of any person’s life. No doctor should feel scared in treating patients. We appeal to the government to make strong laws against such attacks,” said Dr Khose.

Giving details of the protest, Dr Sanjay Patil, President of IMA Pune branch said that all IMA members from the city protested by wearing black badges while working on Friday.

“The IMA Pune MSN (Medical Students Network), along with MARD, held protests in all medical colleges, especially BJ GMC, Bharati Vidyapeeth Medical College and Shrimati Kashibai Navale Medical College. In the afternoon, IMA members, along with office-bearers conducted a dharma andolan at the District Collector’s office and submitted a memorandum to Resident Deputy Collector Dr Jayashree Katarie, said Dr Patil.

Dr Arun Gadre, the member of the Alliance of Doctors for Ethical Healthcare (ADEH), expressed shock and sorrow at the grievous assault on junior doctors Dr Paribaha Mukherjee and Dr Yash Tekwani at NRS Medical Hospital in West Bengal.

“ADEH, in the strongest terms, condemned the escalation of violence and attempts at intimidation that have ensued in West Bengal in the aftermath of the protests by junior doctors in the last few days. In wake of the increasing violence against doctors across the country, ADEH also urges the government to acknowledge the severity of the situation and take proactive and comprehensive steps to ensure the safety of the medical community,” said Dr Gadre.

He said proactive action will go a long way in mitigating the deficit in the doctor-patient relationship.

“Along with enacting legislation for prevention of violence to healthcare professionals and institutions, the government should also focus on long-term investment in medical infrastructure, human resources and system reforms that ensure transparency in treatment, billing and effective grievance redressal mechanisms,” said Dr Gadre.

Apx healthcare industry body NATHEALTH stated that doctors and health care providers are the backbones of modern health care delivery and they require a safe environment to save lives.

Dr Sudarshan Balil, President of NATHEALTH said, “We need to understand that medical professionals and establishments are doing their jobs and trying to save lives.” “The government must ensure the safety and security of doctors and paramedical workers at all times. NATHEALTH will be willing to work with the government to create a safe health care environment,” said Dr Balil.

Siddhartha Bhattacharyya, Secretary General of NATHEALTH, added that there is deep concern regarding violence against medical community and requested government to assure a safe work environment.
Rural healthcare: of access, affordability

AjoyKhandelia

For all the gratified talk about India's health sector and the progress of rural healthcare, this time inducing the truism that our healthcare system is highly inadequate. Even today, a large section of our population has to travel more than 10 km to access basic healthcare services.

Data collected by the NSS in 2010 found that 88% of all trips taken for medical purposes were by rural Indians. According to estimates, urban centres were able to access 70%-80% of the doctors and 65%-70% of the country's hospital beds despite being less than 30% of the total population.

The government's efforts to increase doctor numbers were not impressive. In fact, according to the government's report, by 2017 only 4,156 posts were filled in Community Health Centres against a requirement of 24,000. Lack of doctors and the high cost of services, rural patients face several challenges. Lack of proper training and education of healthcare professionals also contributed to the problem. However, the establishment of an affordable and accessible healthcare system is crucial for the well-being of the rural population.

Pradhana Mantri Jan Arogya Yojana (PMJAY) has raised much hope. However, the challenge of an affordable and accessible healthcare system in rural areas is a complex one. The rural areas are often underserved due to the lack of infrastructure and experience, making it difficult to create a system that can meet the needs of the rural population. However, the government's efforts to increase doctor numbers were not impressive. In fact, according to the government's report, by 2017 only 4,156 posts were filled in Community Health Centres against a requirement of 24,000. Lack of doctors and the high cost of services, rural patients face several challenges.

Barriers to access

Low health literacy: Poor health literacy disables a patient's ability to comprehend health information and instructions from healthcare providers. It is difficult for patients to visit a healthcare facility as they are not capable of communicating with a healthcare professional. At the same time, it also translates into low awareness of chronic diseases and their management, which is extremely important. It is therefore, to have functioning primary healthcare services the door of rural people.

Long distance commute: Another factor is distance. According to the National Health Authority of India (NHA) and PwC report released in 2017, 50% of the beneficiaries travel more than 100 km to access quality medical care as about 70% of India's healthcare facilities are concentrated in urban areas and not in rural areas. The requirement of a long distance commute increases costs and inconvenience and often results in non-consumption of medication.

Workforce shortage: Rural India faces a glaring shortage of doctors and allied healthcare professionals, severely limiting access to healthcare and negatively impacting health outcomes. The government has launched several initiatives such as the Ayushman Bharat scheme, which establishes empanelment of government hospitals as well as primary healthcare centres. However, these initiatives are not sufficient to meet the demand.

The way forward

Human resource creation: The need for human resource to offer healthcare services can be generated by commissioning new medical colleges in rural areas, promoting equity in training, and encouraging doctors to work in rural areas, improving working conditions for healthcare professionals and providing them with ancillary infrastructure to carry out basic duties.

Equipping trained healthcare professionals with the necessary skills and knowledge to diagnose and refer conditions at an early stage can also temporarily fill the gap.

Re-skilling primary healthcare doctors: Doctors in rural areas should also be continually re-skilled and upgraded to keep abreast with the latest developments in medical care. The doctors in primary healthcare setup must be updated and able to cope with evolving disease patterns and epidemics and make right diagnosis and provide quality treatment. It is important, therefore, to make training and education of doctors a priority.

Healthcare in the digital age: To bypass the problem of human resource and infrastructural shortage, we need to create innovative and low-cost solutions and technology that can enable bringing quality medical care closer to the home of rural populations. Rural ambulances, in mobile health vans, healthcare kiosks, and use of telemedicine are some examples.

Grain in HealthCare has pioneered a unique model of operating mobile health vans across six states that provide basic healthcare services at subsidised rates to villages every day. The health vans are designed to deliver healthcare services to rural areas and empower patients with a comprehensive physical examination and consulting with the doctor by live audio and video telemedicine platform.

This model has been implemented in many other regions and has helped in furthering the goal of universal healthcare.

(The writer is Founder, Grund HealthCare)
NATHEALTH: Powered By A Critical Need

NATHEALTH is the genesis of a movement to bring the healthcare ecosystem in one place. It is the forum that will facilitate the shift in mindset, delivery and decision making.

Indian healthcare is in a truly unique juncture at this point. At one end, we have taken giant strides to establish ourselves as a highly skilled and efficient medical ecosystem with excellent clinical outcomes driving a powerful value proposition. But this is counterbalanced by a massive disease burden, tangible dichotomies in healthcare delivery and massive infrastructure crunch.

To solve this paradox is our most immediate challenge. It will take our combined effort. It will take our commitment and continuous engagement. Most importantly, it will take a spirit of collaboration and partnership from all stakeholders.

Healthcare industry participants in India have come together to work along with policy makers to create an environment that will power the next wave. NATHEALTH is the genesis of this movement. It is the forum that will facilitate the shift in mindset, delivery and decision making. In celebration of our 7th anniversary, we will recommit to our vision in building a better and healthier India by unifying the voice of the ecosystem and harnessing its true potential.

www.nathealthindia.org
Contact us at: secretariat@nathealth.co.in

"In celebration of our 7th anniversary, we will recommit to our vision in building a better and healthier India by unifying the voice of the ecosystem and harnessing its true potential."
Dr. H Sudarshan Ballal
President, NATHEALTH

I, on behalf of Voice of Healthcare, congratulate NDA, BJP and PM Narendra Modi for the spectacular performance in general elections. This is truly unprecedented, though expected and this election will go down in history as a defining moment for India and healthcare sector which has great expectations from the government.

The victory is almost completely because of BJP and their accomplishments in the existing tenure. Therefore, this is an affirmative victory, one in which the people voted for BJP much more than they voted against any other party. Very few Prime Ministers could claim this achievement.

I am happy that the citizens of this country gave a decisive mandate to a party. By giving them a mandate like this, the people have reinforced their faith in the incumbent government to go on full steam ahead.
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नैटहेल्थ की वेल टेक के साथ साझेदारी

पुणे, सं. प्रमुख हेल्थकेयर इंडस्ट्री बॉडी नैटहेल्थ ने आज कैपिटल एंड मार्केट, इंडस्ट्री पार्टनरशिप, मेंटरशिप और टेकनोलॉजी डेवलपमेंट सहयोग में एक्सेस के साथ हेल्थकेयर स्टार्टअप्स का समर्थन करने के लिए ग्लोबल हेल्थ-फोकस्ड इनोवेशन प्लेटफार्म वेल टेकनोलॉजीज लिमिटेड (वेल टेक) के साथ अपनी साझेदारी की घोषणा की। वेल टेक के साथ मिलकर नैटहेल्थ ने $1.5 मिलियन तक के शुरुआती निवेश को बढ़ावा देने की योजना बनाई है। भारत में स्वास्थ्य संगठनों के प्रमुख संघ नैटहेल्थ और स्वास्थ्य सेवा नवाचार, अनुसंधान और विकास के लिए एक वैश्विक प्लेटफार्म वेल टेक ने आज इस साझेदारी के लिए समझौता ज्यापन (एमओयू) पर हस्ताक्षर किए और समझौते के तहत, इन दो स्वास्थ्य संस्थाओं ने लाखों रोगियों और ग्राहकों तक प्रसार करने और उन्हें सेवाएं देने के लिए एक संयुक्त पहल के लिए सहमति व्यक्त की। इस संयुक्त पहल से हेल्थ स्टार्ट-अप्स को पूँजी, उद्योग भागीदारी और उत्पाद और तकनीकी समर्थन के साथ-साथ नए बाजारों में मदद मिलेगी।
NASSCOM announces partnership with ‘NATHEALTH’ to boost digital Health

PBD BUREAU
NEW DELHI, JUNE 26

INDIA’s National Association of Software and Services Companies (NASSCOM) today announced its collaboration with apex healthcare industry body NATHEALTH. The partnership is with NASSCOM’s Center of Excellence for the Internet of Things (CoE IoT) and will leverage the benefits that IoT and AI can bring to the healthcare sector. They aim to deploy emerging technologies, to ensure better delivery of healthcare.

The partnership will improve the access and quality of healthcare in India through technology-enabled innovation and build stronger partnerships across the eco-system. Speaking on the collaboration, Debjani Ghosh, President, NASSCOM, said, "Through such collaborations, we can strengthen our potential as an innovation hub and bring about a transformation in varied sectors across industries. With technology permeating through all verticals today, we are confident that we see advanced healthcare facilities that provide easily accessible and affordable services to the citizens of our country."

Through this collaboration, NATHEALTH and CoE have identified five major areas of collaboration, which would promote efficient, accessible and easily available technology enabled products and solutions for the citizens of India.

Five major areas include digital adoption by the healthcare industry, Universal Healthcare, Policy advocacy, Thought leadership, and Tech enabled innovation.

The initiative will be supported by our members, networks, and brand. NATHEALTH aims to provide support to innovation through co-creation program with specialized focus on IoT, AI, Robotics,

AR/VR, Blockchain technologies that have a positive impact," said Dr. H. Sudarshan Ballal, President, NATHEALTH.

"NATHEALTH and NASSCOM has come together to innovate and create scalable models for healthcare delivery. This is an area where India can truly excel and be a model for many countries. Healthcare is ready for technology disruption and the time is now," added Siddhartha Bhattacharya, Secretary-General, NATHEALTH.

The joint initiative will collectively act as an interface between the industry and government on various policy and regulatory topics with a view to improve the regulatory environment in India.
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Speaking to Sakal Times, Dr Shishir Khose, MARD President from BJ General Medical College (BJGMC) said, “MARD has demanded a strong jaw against this violence. We condemn the brutal attacks on doctors in Kolkata. We have observed a mass march between 8 am to 6 pm to mark our protest. Healthcare is a crucial aspect of any person’s life. No doctor should feel scared in treating patients. We appeal to the government to make strong laws against such attacks,” said Dr Khose.

Giving details of the protest, Dr Sanjay Patil, President of IMA Pune branch said that all IMA members from the city protested by wearing black badges while working on Friday. “The IMA Pune MSU (Medical Students Network), along with MARD, held protests in all medical colleges, especially BJ GMC, Bhamati Vidyapeth Medical College and Skarmi Rashithi Navale Medical College. In the afternoon, IMA members, along with office bearers conducted a dharna at Indira Foundation and submitted a memorandum to Resident Deputy Collector Dr Jayashree Kataria,” said Dr Patil.

Dr Arun Gadre, the member of the Alliance of Doctors for Ethical Healthcare (ADEH), expressed shock and sorrow at the grievous assault on junior doctors Dr Farhnaaz Mehta and Dr Yash Bhalan at NRS Medical Hospital in West Bengal. “ADEH, in the strongest terms, condemned the escalation of violence and attempts at intimidation that have ensued in West Bengal in the aftermath of the protests by junior doctors in the last few days. In wake of the increasing violence against doctors across the country, ADEH also urges the government to acknowledge the severity of the situation and take proactive and comprehensive steps to ensure the safety of the medical community,” said Dr Gadre.

He said proactive action will go a long way in mitigating the deficit in the doctor-patient relationship. “Along with enacting legislation for prevention of violence to healthcare professionals and institutions, the government should also focus on long-term investment in medical infrastructure, human resources and system reforms that ensure transparency in treatment, billing and effective grievance redressal mechanisms,” said Dr Gadre.

APEX healthcare industry body NATHEALTH stated that doctors and health care providers are the backbone of modern health care delivery and they require a safe environment to save lives. Dr Sudeshan Baliai, President of NATHEALTH said, “We need to understand that medical professionals and establishments are doing their jobs and trying to save lives.” The government must ensure the safety and security of doctors and paramedic workers at all times. NATHEALTH will be willing to work with the government to create a safe health care environment,” said Dr Baliai.

Shrikant Sheth, Secretary General of NATHEALTH added that there is deep concern regarding violence against medical community and requested government to assure a safe working environment.
Rural healthcare needs urgent fixing

Providing affordable services to the people is the need of the hour. Ambulances, mobile check-up vans and healthcare kiosks can help achieve this.

AJAY KHANDHHERA

For all the praises that India’s health sector and the medical fraternity has received over the years, the truth remains that our healthcare system is inadequate. Even today, a large section of our population has to travel more than 100 km to access basic healthcare. Data collected by National Family Health Survey in 2010 showed that 44% of all-cause deaths for maternal causes were from rural areas. According to estimates, urban centres have almost 70 percent of the doctors and 65 percent of the country’s hospital beds despite having less than 34 percent of the total population. Some experts suggest that as on 2017, 11,415 posts for paediatricians were filled in Community Health Centres as against the requirement of 22,490. India is in a rural area with limited facilities to treat acute patients, hence the need to provide primary healthcare to rural areas.

Healthcare needs a new model. While the idea of Ayushman Bharat programme, which promises to benefit 10.74 crore poor and vulnerable families, has raised much hope. However, to address the affordability and accessibility of healthcare facilities in the country, the need for a water approach that includes creating the required human resources and raising awareness among rural Indians.

Several healthcare schemes in rural areas. However, health literacy does not allow a patient to comprehend the health information given by healthcare providers. In most cases, due to the lack of knowledge, rural residents are reluctant to seek healthcare facilities if they don’t have the confidence to communicate with professionals. At the same time, it also translates into low awareness about chronic diseases and symptoms. It, therefore, becomes important to have a functioning primary healthcare service close to the doors of rural people.

Some distance connection: According to a NARELTH survey, 30 percent of the rural area is more than 100 km from a quality healthcare facility. About 70 percent of rural health infrastructure is concentrated in the top 35 cities. Long distance communication increases costs and inconvenience and often results in substandard treatment. For people living in deprived circumstances, such as hypertension and heart disease among others, who require frequent visits to outpatient healthcare facilities, this can have serious consequences on their health.

Another limitation: It is ironic to note that there are more doctors in urban areas, whereas rural areas have less. According to a NARELTH report, 50 percent of the doctors are living in urban areas around 100 km from the latest quality facilities. About 70 percent of rural health infrastructure is concentrated in the top 30 cities. Long distance communication increases costs and inconvenience and often results in substandard treatment. For people living in deprived circumstances, such as hypertension and heart disease among others, who require frequent visits to outpatient healthcare facilities, this can have serious consequences on their health.

Way forward: A system needs to be in place to generate trained human resources to provide healthcare services. This can be done by commissioning new medical colleges, providing incentives, and providing national and non-national medical student stipends to work in rural areas, improving working conditions for healthcare professionals and providing them with medical infrastructure in these areas.

Rural healthcare doctors: Doctors in rural areas should also be consultatively trained to make them aware of the latest developments in medicine. With growing and improving understanding of all diseases and the need for long-term care, doctors need to be trained in managing these diseases and their patients.

Healthcare startups are doing their bit to bring kiosks accessing various States that provide basic healthcare services to villagers every day. These kiosks are registered healthcare clinics that can help diagnose and treat minor ailments. The services are provided at subsidised rates. More such initiatives are needed to enhance the quality of primary healthcare services.

The writer is a founder of GenNextHealthcare
Rural healthcare needs urgent fixing

Providing affordable services to the people is the head of the hour. Ambulances, mobile crack up vans and healthcare lockdowns can help achieve this

AJAYI KHRANDIERA

For all the grief the healthcare sector in the medical cannabis in 2012 that turned the country into the world’s largest illegal narcotic, there remains no pathway to healthcare system in rural areas. Indeed, a single case of a doctor leaving a town of over 100 km to access an urban hospital is a stark reality. A recent survey collected by National Sample Survey Office (NSSO) in 2010 found that 85% of all medicals for medical purposes were from rural areas. But a catastrophic picture emerges. At a time when the need for healthcare in rural areas is crucial, the healthcare infrastructure is thin on the ground. The need for a major overhaul is evident.

Radhika Manjith Janieque Vakani of Ayushmann Bharat Project, which seeks to ensure that 75% of the 12.5% of the population and 65% of the 12.5% of the annual budget is allocated to healthcare, highlights the need for a systemic approach to healthcare in rural areas. The need for a major overhaul is evident. At a time when the need for healthcare in rural areas is crucial, the healthcare infrastructure is thin on the ground.

Healthcare delivery in rural areas is fragmented and inaccessible. A rural doctor usually attends to a population of over 10,000 people. This means that the doctor’s time is divided equally among all the patients. As a result, the quality of care is compromised. Additionally, the doctor’s ability to provide quality care is limited by the resources available to him.

Limited infrastructure: The infrastructure in rural areas is limited. The availability of basic medical facilities such as hospitals, clinics, and medical equipment is limited. This means that patients have to travel long distances to access healthcare services. This adds to the cost of healthcare, making it inaccessible to many.

Inadequate training: The training of healthcare professionals in rural areas is inadequate. Many healthcare professionals lack the necessary skills to provide quality care. This is because there are limited training opportunities available to them.

Lack of motivation: The lack of motivation among healthcare professionals is another issue. Many healthcare professionals choose not to work in rural areas due to the lack of career opportunities and the low pay.

Mortality and morbidity: The mortality and morbidity rates in rural areas are higher than in urban areas. This is because of the limited access to healthcare services.

In conclusion, rural healthcare needs urgent fixing. The government needs to take immediate action to address the issues faced by rural healthcare professionals. This includes providing better training, motivating healthcare professionals to work in rural areas, and improving the infrastructure in rural areas.

For rural healthcare to thrive, there needs to be a collaborative effort between the government and the private sector. Only then can rural healthcare be brought to the forefront of the healthcare system.
NATHEALTH ties up with Well Technologies

ANJALI BHATIA
NEW DELHI, JUNE 11

APEX healthcare industry body NATHEALTH today announced its collaboration with global health-focused innovation platform Well Technologies Ltd (Well Tech) to support healthcare startups with access to capital & market, industry partnerships, mentorship and technology development assistance. NATHEALTH, in association with Well Tech, plans to infuse seed investment of up to ₹1.5 Million.

NATHEALTH, a leading federation of healthcare organizations in India and Well Tech, a global platform for healthcare innovation, research and development today signed a Memorandum of Understanding (MoU) for this collaboration and under the agreement, these two healthcare entities agreed for a joint initiative to scale up and serve millions of patients and customers. The joint initiative will provide Health startups with access to capital, industry partnerships, and product & technology support along with helping them scale to new markets. Together, the two organizations, and their partners and members, will support startups to scale up across India and globally.

We aim to provide support to innovation through startups by leveraging Well Tech’s product and technology expertise, global network and capital partners.

Under the agreement, the selected start-ups will be offered funding opportunities ranging from ₹0.5 million-₹1.5 million in a year.

Siddhartha Bhattacharya, Secretary-General, said that the “innovative new technologies and models are poised to transform how healthcare is delivered, accessed and financed in India and across the world. ‘Well Tech is a specialist in healthcare and technology innovation. It works with startups and large organizations around the world to create and scale new healthcare products and services,’ he added. Under the agreement, syndicate investment from Well Tech’s capital partners as well as support due diligence of startups would go long way to create a new ecosystem.”
NATHEALTH ties up with Well Technologies

ANJALI BHATIA
NEW DELHI, JUNE 11

APEX healthcare industry body NATHEALTH today announced its collaboration with global health-focused innovation platform Well Technologies Ltd (Well Tech) to support healthcare startups with access to capital & market, industry partnership, mentorship and technology development assistance. NATHEALTH, in association with Well Tech, plans to infuse seed investment of up to $1.5 million. NATHEALTH, a leading Federation of healthcare organizations in India and Well Tech, a global platform for healthcare innovation, research and development today signed a Memorandum of Understanding (MoU) for this collaboration and under the agreement, these two healthcare entities agreed for a joint initiative to scale up and serve millions of patients and customers. The joint initiative will provide Health start-ups with access to capital, industry partnerships, and product & technology support aligning with helping them scale to new markets. Together, the two organizations, and their partners and members, will support startups to scale up across India and globally. (Interested startups should apply directly at https://well.tech/accelerator-apply/)

Dr. Sudarshan Ballal, President, NATHEALTH said the initiative will be supported by our members, networks, and brand. We aim to provide support to innovation through startups by leveraging Well Tech’s product and technology expertise, global network and capital partners.

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Siddhartha Bhattacharya, Secretary-General, said that the "Innovative new technologies and models are poised to transform how healthcare is delivered, accessed and financed in India and across the world. "Well Tech is a specialist in healthcare and technology innovation. It works with startups and large organizations around the world to create and scale new healthcare products and services," he added.

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Control blood sugar for healthy heart

People with diabetes tend to develop heart disease at a younger age than those without this ailment.

Diabetes has become a major health problem worldwide, almost an epidemic. A major reason behind the sudden increase of diabetes is the changes in our diet and lifestyle. Apart from the direct problems and risks posed by diabetes, there are many associated complications that are the indirect outcome of diabetes. It is a big trigger for cardiovascular disorders including heart attacks.

India has a huge burden of non-communicable diseases (NCDs) with diabetes and hypertension being the major medical problems. According to a NACDE Report, NCDs will cost India $6 trillion by 2030.

A diabetic person is more prone to develop a heart disease or get a heart attack or stroke, as diabetes causes damage to blood vessels. Diabetes is unable to process insulin properly, a hormone made by the pancreas that allows the body to use glucose from carbohydrates for energy or to store glucose for future use. Insulin helps keep the blood sugar level from getting too high (hyperglycemia) or too low (hypoglycemia).

If there is little or no insulin being produced or if the body becomes resistant to insulin, the glucose stays in the bloodstream, and can't move across to the body's cells. Over time, high blood glucose levels can damage blood vessels and the nerves that control the heart and its blood vessels. If one is diabetic for a long time, he/she is at a greater risk of developing heart disease. Diabetic people tend to develop heart disease at a younger age than people without diabetes. Diabetic adults face heart disease and stroke as the most common causes of death, and they are nearly twice as likely to die from heart disease or stroke as people without diabetes.

Being overweight is directly linked to several risk factors like diabetes and high blood pressure, the main triggers for heart problems. So it is essential to maintain a healthy weight, appropriate for your age, height and gender.

Along with having a balanced nutritious diet, it is equally important to avoid a sedentary lifestyle and maintain physical activity, such as jogging, running or yoga, a must part of daily routine. Maintaining a healthy lifestyle can lower the risk of developing heart disease.

Besides this, it is also advisable to get regular health check-ups and keep an eye on the blood sugar levels.

For the treatment of coronary heart diseases, it is strongly recommended that all people with diabetes must have their heart disease risk factors checked as aggressively and routinely as people who have already had heart attacks.

People with diabetes and signs of coronary heart disease are also advised to make lifestyle changes such as quitting smoking, eating a healthy balanced diet and also incorporating physical activity into their day to day activities. Some patients may also be prescribed to some kind of medication such as: ACE inhibitors, calcium channel blockers, statins and a low dose of aspirin.

The writer is cardiologist and medical director, Kalra Hospital, New Delhi.