



**Core Team Meeting Record Notes
Conference Room @Aravind Eye Hospital, Chennai**

6th December 2019

Compiled by Arnaz Dalal

Core Team Members Present	Core Team Members Absent
Mr. Thulasiraj Ravilla (Thulsi)	Dr. G.N. Rao
Dr. Evita Fernandez (Evita)	Dr. Pavitra Mohan
Mr. M.P. Vasimalai (Vasi)	Dr. Sharad Iyengar
Dr. G. Chandra Sekhar (Dr. GC)	Dr. C.S. Pramesh
Mr. Pranjal Dubey (Pranjal)	
Dr. Rajesh Iyer (Rajesh)	
Dr. Chandrasekar Chikkamuniyappa (Dr. C)	
Dr. Parameshwara C. (Paramesh)	
Prof. D.V.R. Seshadri (DVR)	
Prof. Prakash Sayavageeswaran (Prakash)	
Special Invitee - Mr. Nagarajan (Nagarajan)	
Ex-Officio Member - Ms. Arnaz Dalal (Arnaz)	

Core Team Meeting Agenda
6th Dec'19
(6.15 PM to 8.15 PM)

EHAC road map - Strategy for next year- Way forward	<ul style="list-style-type: none"> • Revisiting purpose and expectations from the EHAC • Reaffirming our focus areas and setting goals for these areas • Discussion on way forward • Sub-committees/ Other mechanisms to achieve them • Timelines of activities • Formation of committees to lead • Every meeting should lead to some action - how do we achieve that? 	Discussions led by DVR
Membership Criteria	<ul style="list-style-type: none"> • Current Member count • Selection criteria for both • Can NRIs and other country citizens become our members? • Voting rights 	Discussions led by Arnaz
EHAC Financials	Status update and funding options	Updates from Prakash
EHAC Annual Report	<ul style="list-style-type: none"> • From April'19 - March'20 <ul style="list-style-type: none"> ○ Help with inputs - documentation of pilots in detail ○ Help with designing - volunteer organizations 	Discussions led by Arnaz

Meeting Notes

In the absence of the Chairman Dr. G.N. Rao it was mutually decided by the team to appoint Thulsiraj Ravilla as the Chair for this meeting.

EHAC road map - Strategy for next year- Way forward

DVR kick started the meeting and mentioned that for the 6th meeting we faced an initial problem of speakers not available to participate based on the list Dr. Rao and a couple of others had suggested. At this point it was felt that we should think of pushing back the meeting dates. But DVR, Prakash and Arnaz felt that it would not be wise to move the dates as it was important for the group to meet quarterly as was originally planned so that we did not lose steam on our activities. Hence they pooled their resources and got a new list of speakers going - about 10 of them. Financial viability of healthcare startups and technology were the key themes that were focused on as per discussion in the last meeting in Hyderabad. All the speakers were good and people felt this was one of the best meetings of EHAC till date.

Prakash read out the core purpose/vision of EHAC to the group. Thulsi mentioned that our vision was inward looking and it was not necessarily an issue. We would attract people who were in to providing inclusive healthcare.

Nagarajan opined that it cannot be "All" if we only mentioned "collection of like minded people". Hence it was essential for everyone to be included when we are talking about providing equitable healthcare to all, irrespective of rich, poor, like minded, for profit etc. If not then the wording should be changed on our vision document.

Vasi spoke about what has been the teams experience - since this was now the 6th meeting. He felt that EHAC facilitated a community of learning. It is a network and comes with its own set of limitations and hence one should not really concretize anything and let everything flow. We cannot force people to do things and they will form their own teams to work with as the time and need demanded.

Evita felt that every time we expanded the circle and met new people, new ideas were generated. It was an enriching and learning experience. Such a kind of forum gave hope, courage and reinforcement and one did not feel alone in their journey.

Dr. GC spoke about the original 3 pillars that we were to work and focus on - poverty alleviation, education and healthcare. He asked if we had done enough there, if not we needed to relook. We also needed to relook at the 4 focus areas and see how to approach them head-on.

Evita felt that we should take forward the action plan of dealing with the education of Medical Students and map out a plan for the year. She volunteered her time for this activity. She felt we

should map it geographically. She also felt that going to the students in colleges and talking to them - not during a festival but regularly was the right way to do this.

Vasi spoke about institutionalizing this activity. He felt that EHAC should go to colleges and have interaction forums with students interested in ideas like this and ensure there is proper hand off batch over batch.

DVR was concerned about the fact that people were talking about reducing the number of meetings to less than 3 a year. He felt it would make this consortium lose its momentum. He was however worried about the less number of people attending the meetings and felt the number should have gone up to 60 + solid participations as this was the 6th meeting now.

Pranjal spoke about the India Inclusion Summit in Bangalore which takes place every year. They worked on disabilities and choose 15 fellows who were doing work in this area. Experts from all over the country mentored these fellows for a year. This process happened through selection and invitation only. In the 7 years this effort had scaled up from 40 Fellows to 1000. These fellows became part of the organization over a longer period of time and felt ownership towards it and this then brought in fresh influx of participation year on year. Pranjal felt that EHAC should adopt a model like this since we have a vast experience pool in our members and ready mentors already existed amongst us. These fellows could then act as catalysts for our group and spread the EHAC message far and wide.

DVR said that in an informal way Dr. Paramesh from SIICP was mentored in this forum through LVPEI, Aravind and Fernandez Hospital. His business and social orientation came from the mentors in this consortium. He had grown 5 times since his first meeting with the consortium due to these learning experiences. Dr. Paramesh agreed and said that this was a unique opportunity and would like others to benefit from it. He mentioned that from this forum one could transform youngsters who were starting on their entrepreneurship journey. This could be a good mentoring forum for people who graduated from B schools or Medical schools as they never had mentoring in any form when they were graduating and were often clueless on how to go about setting up their companies.

DVR said Institutionalizing the mentorship program in IIM, IITs, Engineering and Medical colleges should happen. We should target clubs for healthcare, entrepreneurship forums and invite these students in these clubs and colleges to our meetings. It did not need to be just graduating students but also people who had started their own institutions and needed help and direction on how to grow and scale etc.

EHAC was perceived as an Advocacy group said Nagarajan. He felt that collectively what we can do - individually what organizations can do, the contribution should be made explicit.

Dr. Rajesh felt that we should reach out to professors of medical colleges who could influence students to attend our meetings. We should also have our meetings in places where we can attract more people to attend eg- Bangalore.

He also queried if we as EHAC were convinced that beyond the ophthalmic segment we could provide equity in other healthcare areas? If yes then we needed to evolve a system of how we were going to be equitable and provide this information to others on how they could bring about equity in their own businesses. This should be our primary goal.

Prakash mentioned about his conversation with Manoj Gopalakrishnan from Prozela Healthcare who was a guest speaker at the meeting. According to Manoj the EHAC forum was unique since it was not led by one vested group. Our strength came from the fact that everyone is from diverse organizations, and hence could facilitate cross pollination and learning. There is a need for an enabler and as an organization we are in a unique position to be that.

Prakash was of the view that EHAC forum could be the facilitator .We were not suited to play an action role and nor would it be feasible with the way we were structured now.

Vasi mentioned that diversity is our strength. Ownership needed to be taken by the network and the core team needed to make them responsible and transfer the responsibility. He said that in the next meeting there should be time of 2-3 hours given to the participants to internalize and come up with their own actions for their organization and share the same in the network. There should be trigger points. We should consolidate our leanings and put it out to the network.

Thulsi said that we are in an organic phase and all that happened till now did not happen in a structured fashion and it was fine till now. For individual members there have been a lot of takeaways. Going forward and being true to the purpose there was a possibility to do proactive and structured working . We have enough to guide someone on the business and social side of things in a practical way. Could this become a formal program? For the core team to get engaged they need to have something to do that builds on their strengths and also strengthens them as well. Mentoring does that well. Hence are we ready to offer mentoring as a service through EHAC? A person wanting mentoring in all phases was not the right candidate. It should be a person who has gone through the start up phase and figured out what has worked and what has not and which areas he/she needs help on and such a person would be the right kind of person to be mentored by our group.

Nagarajan felt we should reach out to more people/organizations to become members and spread the word about our consortium. The 17 members should each recommend and induct 4 more members and that is how we could increase the network. This new network would then give us more ideas and information to do things differently going forward.

Dr. GC spoke about involving the network that is very crucial. Once we decided on the 4-5 actionable points then like Vasi suggested in the next meeting we should get into groups and discuss the action plan around these initiatives and present after which we should finalize. We should not discuss sitting in this room and leave it for the next meeting.

Pranjal spoke about getting like minded people into the network and then it would automatically grow. He said that mentoring should not be structured. There will always be a dedicated set of people who would be the catalysts and who are constantly growing the network and working on initiatives directly. And there would be others who were on the periphery.

Dr. C summarized his journey with EHAC and mentioned that what excited him initially was when DVR mentioned that we were an action platform. Then the conversation moved towards Primary Healthcare and the initiatives that we would take towards them. In the Bangalore meeting we tried to get into groups and have different conversations. But now he questions as to what is in it for him? He wants to feel excited about coming for our meetings. The questions being currently asked are -

Is EHAC a platform for having right conversations?

Is EHAC a platform for networking with like minded people?

Or is it an action oriented platform?

We can come up with advocacy/action/academic projects. What is it as EHAC that we want to produce? He still feels that we should become an action platform as conversations in this digital age can be had over other platforms by just sending a link.

Dr. Rajesh asked Arnaz as to why organizations like Kauvery, Narayana etc are not involved and what is the reason for lack of involvement, should be found out and addressed.

Vasi spoke again about Institutionalizing and also about bringing a newsletter out to our members that will keep the engagement going.

DVR summarized -

- We need to onboard more members who have equitable healthcare as one of their agendas. Each of our core team should help with the reach out and on boarding.
- Mentoring entrepreneurs will be another area we can focus on. How do we get to aspiring healthcare entrepreneurs. Mentoring cannot be full time. These will have to be in the form of conversations or phone calls that will change the trajectory of the enterprise. Should not be bandwidth intensive.
- In the next meeting we should ask the network to take ownership on focus areas and drive it.
- The meetings should happen as they are every quarter.
- The actionable cannot be worked on by Arnaz, Prakash and DVR and responsibility needs to be taken on by the network.

Thulsi summarized -

- Mentoring should be an activity that we will do. Conceptualization can be done by DVR/Prakash/Omkar .Identify 10 areas that are required and map our existing leadership to it. Then we need to promote it - by reaching out to the healthcare incubators through our network. To do all this we need to have clarity of what we are trying to provide.

Vasi mentioned that Arnaz, Prakash and DVR had done a great job till now. He was in agreement that the network needs to grow and expand.

Dr. GC mentioned that this would need to be a 2 pronged approach - immersion programs for students with strong ethical and role model organizations and the second one for entrepreneurs to provide mentoring through our member base.

Membership Criteria

Arnaz mentioned if people abroad can become members of EHAC. Dr. C felt that anyone from anywhere can become members. We should not restrict it. Dr. GC felt that since our membership amount is not much and people generally have Indian accounts through which they can pay then there is no problem. We cannot accept foreign funds as we do not FCRA right now.

It was decided for a new member to come onboard EHAC, they should first come for a meeting as an Observer and subsequently become a member. There is no need to run the membership request by the core team

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EHAC Financials

Prakash spoke about financials and how our membership fee was not enough to sustain our organization. So where do we get the additional money from?

Nagarajan said that to write a proposal to generate money we needed to have clarity of vision.

Thulsi felt that we should not get into building an overhead of any kind until we have clarity . We should wait for a couple of years. We should continue in the same format of host organizations hosting the event every quarter. We should hold on until we have achieved a milestone and are able to articulate what we are going after. Then funding should not be an issue.

EHAC Annual Report

For the Annual Report Arnaz should take the help of the LVPEI communication team after approval from Dr. Rao. Devendra and Vidhya can help with the written material. Each org could give a half pager/one pager on what is the value they received from EHAC and Arnaz could then go ahead with preparing that.

Action Points from the meeting

1. A value proposition for membership & mentorship needs to be defined by DVR and Prakash
2. Introducing and On boarding of new members by every core team member before the next meeting. Spreading the word about EHAC.
3. Around Medical Student Interaction
 - Design an ongoing engagement
 - Each core team member should reach out to Medical Colleges in their area
 - Approach Health clubs in colleges
 - Encourage gamification of activities which will get more participation
 - Give out certificates and tangible take aways to encourage participation
 - Benefit to students is that they gain access to speakers from our consortium
4. Arnaz needs to look into search engine optimization for EHAC and ensure we are strategically placed in that direction
5. Regarding the Billion Press proposal it was decided to start off with the initiative. Arnaz to facilitate the process with Jagdish to make the connections for content. If there is a financial implication then it should be flagged to the core team.

DVR thanked the chair and proposed the vote of thanks