

Annual Report

April 2019- March 2020



भारतीय प्रबंध संस्थान इंदौर
Indian Institute of Management Indore



DHAN Foundation



Creating Impactful Networks and
Promoting Actionable Conversations

EQUITABLE ACCESS



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FOREWORD BY THE CHAIRMAN

EHAC – From Concept to Execution



The stability of any society is contingent on equitable access to three essentials for human existence, irrespective of the paying capacity of the recipients of these services: Livelihood, Education and Health. In the absence of such equitable access of these vital ingredients for reasonable existence of any human being, the society would be sitting on a short fuse, and will experience a volatile pushback, as has been witnessed time and again in India and other parts of the world.

Equitable care is not about just providing some care to everybody. It is equitable only if we give the same kind of care to all without any discrimination. It is possible to reconcile excellence with equity. It is high time that we recognize the debt owed to society for all the benefits we have received. While claims of practicing ‘equity’ are commonly discussed, this is done very rarely. In healthcare, “equitable” implies the provision of good quality care that is comprehensive and offered to everyone irrespective of ability to pay.

At the beginning of March 2018, a few individuals who had experience in or were interested in pursuing equitable healthcare access met in Hyderabad. The basic objective of the first meeting was to explore the potential for creating a forum for mutual learning, ideation to create synergies and taking up these ideas for implementation through the stages of pilots and subsequent scale-up. The deliberations during this meeting, wherein potential for such a network was realized, led to the formation of The Equitable Healthcare Access (EHA) Consortium.

Since this first meeting, EHAC has conducted five Quarterly Meetings in Madurai, Udaipur, Bengaluru, Chennai and Hyderabad respectively. Every meeting has seen us add to our member base. At present, EHAC has 23 Institutional Members and 17 Individual Members. It was heartening to note the avid interest amongst individuals and organizations who identified with EHAC’s core purpose, “To Facilitate Equitable Healthcare for all.” Based on this surging interest, EHAC was registered as a Trust on February 21, 2019 in Hyderabad.

Joint pilot programmes launched by the members of the Consortium have seen an outreach benefiting over 20,000 people in different areas including eye check-ups, signing up of blood donors to support thalassemia patients, creating livelihoods, awareness and treatment of colorectal diseases, and organizing general health camps across states where our member organisations operate.

A focus area where we have done reasonably well has been in reaching out to the medical student fraternity wherein, through regular panel discussions and talks, we demonstrate to the medical students how successful models for providing equitable healthcare have evolved. The objective is to expose them to the ideal that they can practice their livelihood while being ethical and equitable, i.e., doing well while doing good. The discussions in these panel discussions ranged from problems plaguing medical education, why India suffers a severe lack of quality doctors, corruption in the medical profession, importance given to rote learning more than developing clinical skills, and finally the super specialty craze amongst graduating medical students. In October 2019, EHAC members were invited for a panel discussion at the Bangalore Medical College and Research Institute's yearly festival for students from South India – Cobalt Skies & Panacea.

The one-year fellowship in primary care was launched by Basic Health Care Services in partnership with Academy of Family Physicians and EHAC. The target audience were young doctors to provide them with hands-on immersion in rural primary care and an opportunity to be mentored by individuals/organizations that have experience in setting up and managing equitable and ethical healthcare practices.

There are some initiatives that we are launching that will play to the strengths of our Consortium and its members. We are confident that in the coming years, we will continue to surge ahead in our vision, to create larger impact.



Gullapalli N Rao

TRUSTEE SPEAK

The Incredible Journey with EHAC!



India has been the nursery and hotbed for many healthcare exemplars, spanning multiple specialties, who have come up with innovative business models that focus on providing world class care equitably. Many of these have been extensively written about, studied and lauded by healthcare practitioners and academics in the developed world. These include Aravind Eyecare Systems, Madurai; L V Prasad Eye Institute, Hyderabad; Narayana Health, Bangalore; and many more. These exemplars had enabled the poorest of poor in the country to get decent care in the respective healthcare specialties that they offered. They also evangelised these models to other providers in their specialties, both in India and abroad.

The seed for Equitable Healthcare Access Consortium was born during September 30 and October 1, 2016 at a workshop organized by LAICO, the consulting arm of Aravind Eyecare System, Madurai. The theme of the two-day workshop, attended by leaders from the world of equitable healthcare, as well as several well-known academics and thinkers, was: "Practicing Responsible Medicine."

The question that naturally arose during the above workshop was: "What happens to a poor person who may suffer a health ailment that is outside these specialties?" It became clear that the essentials for a poor person are livelihood, education for their children and healthcare. Unless these are guaranteed for all citizens, especially the poor, it was unlikely that they would be able to come out of the vicious cycle of grinding poverty. This is how the idea of creating a "Meta Organisation" that brings together exemplar organisations that are focused on providing livelihood opportunities, equitable education (for the next generation) and equitable healthcare, for all, was born. It was felt that guaranteeing these three necessities for any citizen of the country, irrespective of his ability to pay, is a pre-requisite to create a stable society. The first meeting of what would soon be called Equitable Healthcare Access Consortium (EHAC), was hosted by L V Prasad Eye Institute, Hyderabad, to tentatively explore the need for and feasibility of the consortium. The conclusion of this exploratory (first meeting of the yet to be born EHAC) was a resounding affirmation of the need for such a platform.

The mandate of this meta organization, was to explore opportunities for collaboration and to create synergies, while providing role models for others to emulate. The idea was also to evangelise these models and demonstrate visibly that “it is possible to do well, while also doing good.” After much deliberation, this meta organization was called, “Equitable Healthcare Access Consortium” (EHAC for short). Given that a large number of poor families are driven into destitution due to unaffordable quality healthcare, the focus of EHAC was on healthcare, while recognizing that the other two components, namely, livelihood and education are equally vital for a family’s wellbeing.

The idea was to have quarterly meetings where members meet over two days, namely Friday and Saturday, and have intense discussions on themes that were curated specifically for each quarterly meeting. The participants would be member organisations as well as individual members. Organisations and individuals who were contemplating to become members were also invited. The membership fee was kept deliberately low (Rs. 10,000/- per year for an organizational member and Rs. 2,500/- per year for an individual member), so that it does not become a barrier for becoming a member. Starting from a concept, EHAC now has twenty-five committed organizational members and fifteen individual members. While there is no expediency to grow membership for the sake of showing numbers, the focus has been to on-board members who are genuinely interested in “equitable” healthcare, livelihood opportunities and education. In the context of healthcare, the consortium evolved the following definition: “Equitable healthcare can be defined as a way of delivering healthcare wherein the organization reaches out to the community and delivers high-quality healthcare that transcends the various forms of inequity, to everyone with dignity and irrespective of their ability to pay.” Similar extensions would be applicable to livelihood and education, the other two elements of EHAC’s triad of focal areas.

After considerable deliberations, EHAC came up with a powerful vision statement. Our core purpose is to “Facilitate Equitable Healthcare for All.” The elaboration of the core purpose is to create and promote a network of organizations who will continually find ways to provide Equitable Healthcare Access to All through outstanding synergies by embracing a culture of collaboration, cross learning, education and transformation (Please refer to our website: www.ehaconsortium.org for the complete vision-mission statement)

EHAC is headed by a CEO, Ms. Arnaz Dalal, who is based in Mumbai. A seven-member Board of Trustees oversees the functioning of EHAC. There is a governing council of sixteen-member organisations that makes policy decisions. The Chairman of the Trust is Dr. G.N. Rao, Chairman, L V Prasad Eye Institute, who is assisted by three other functionaries.

EHAC seeks to continue to grow in the coming years, in consonance with its vision, scaling ever newer heights. It is hoped that this journey should motivate similar initiatives in other parts of the world.



D.V.R. Seshadri

FROM THE CEO's DESK

The journey of a thousand miles must begin with a single step



There is a plan for each of us and we are but mere puppets in the larger scheme of things that the Universe has planned for us. And I believe that my not so accidental journey two years ago, to begin working for Equitable Healthcare Access Consortium was one such "Divine" moment.

Having no background in healthcare but driven by a passion to create social impact I took charge as the first employee of EHAC. The responsibility entrusted in me was to execute on the strategy and ensure that all the programs were running as per plan.

The Madurai meeting at DHAN Foundation was my first encounter with some of the greats in the Healthcare world. I realized that this was my opportunity to really learn and contribute to a cause where a lot of work needed to be done and the steps we collectively took would be but a mere drop in the ocean of providing Equitable Access to Healthcare for all irrespective of their capacity to pay.

Whether it is trying to get new members on board who I feel will add value to our Vision or when I am helping our team collaborate and come up with what our goals should be and execute on initiatives, what drives me always is how EHAC can make that much needed difference, however small, in the healthcare scenario today.

The need for an organization like EHAC was absolutely justified by the support we received from member organizations, over the course of the first three meetings. Thereafter we registered ourselves formally as a Trust on the 21st of February 2019. Individuals working on this consortium, drawn from various member organizations, volunteer their time to keep the Consortium running. To be committed to a cause that is not a part of your day job, where one needs to carve out additional time to ensure that we deliver on the initiatives we plan, is in itself an example of how a "cause is bigger than the person".

Our Pilot programs, the Fellowship Program in Primary Healthcare, the Medical student interaction series, the Case studies that have been published on the Harvard Business Publishing (HBP) website, bear testimony to our intention of approaching and working on the problem of Equity in Healthcare from all angles. We are happy with the baby steps that we have taken so far and the successes we have achieved.

The future of EHAC is exciting, with stalwarts of the healthcare industry amongst our members and with new organizations and people joining this cause, we can write a different kind of history, the lessons of which are dynamic in the ever-evolving healthcare landscape of India.

I would like to end with the well-known quote “I have miles to go before I sleep, and miles to go before I sleep.”



Arnaz Dalal

INSTITUTIONAL MEMBERS

1. Alakh Nayan Mandir
2. Aravind Eye Care System
3. Aurolab
4. Basic Healthcare Services
5. DHAN Foundation
6. Ekam Foundation
7. Fernandez Hospital Foundation
8. iKure Techsoft Pvt. Ltd.
9. Indian School of Business
10. Indian Institute of Management Indore
11. Indian Institute of Management Udaipur
12. Karma Primary Healthcare Services Private Limited
13. Kauvery Hospital
14. L V Prasad Eye Institute
15. PEOPLE TREE Hospitals
16. SAKSHAM
17. Sankalp India Foundation
18. Sant Singaji Institute of Science and Management
19. School of Business Management, Narsee Monjee Institute of Management Studies
20. SMILES Institute of Gastroenterology
21. Sri Shankara Cancer Foundation
22. Sushena Health Foundation
23. Tata Memorial Centre
24. Visionspring Pvt. Ltd.

INDIVIDUAL MEMBERS

1. Dr. Abhishek Rajan Desai
2. Dr. Amaresh Rao Malempati
3. Mr. Anand Sen
4. Ms. Anumeha Srivastava
5. Dr. Harish Iyer
6. Dr. Kiran M
7. Dr. K. V. Panchapakesan
8. Dr. Madhu Uddaraju
9. Ms. Nikita Parab
10. Mr. Pravin Shekar
11. Dr. Sudha Murthy
12. Dr. Rajesh Iyer
13. Mr. Rajesh Pandit
14. Dr. Roja Tumma
15. Dr. Sudha Vidyasagar
16. Dr. Sanjeev Upadhyaya
17. Ms. Vidhya Srinivasan

QUARTERLY MEETINGS

1st Meeting was held in March 2018 at L V Prasad Eye Institute, Hyderabad

The germ of an idea was born to get like-minded organizations to form a network to create synergies. This resulted in a meeting of about forty individuals representing ten organizations in healthcare, education and livelihood on 6th March 2018.

The basic objective of this meeting was to explore the potential for creating a forum for mutual learning, ideation to create synergies and take up these ideas for implementation, through the stages of pilots and subsequent scale-up. The deliberations during this meeting, wherein potential for such a network was realized, led to the formation of The Equitable Healthcare Access (EHA) Consortium.



2nd Meeting was held in July 2018 at DHAN Foundation, Madurai

The DHAN Academy, Madurai hosted the second meeting of the EHAC on the 7th and 8th of July 2018. The meeting saw over 50 participants from across India, representing 27 organizations.

Some of the top discussion trends in the meeting had been around the premise that EHAC was about the next frontier of practices. Since EHAC was all about ushering in change in the ecosystem the change could be at three levels: The first level is about changing processes and procedures. At the next, it is about changing the culture, and at the final level it is about changing the DNA of the individuals involved in terms of mindsets and beyond. The need to extend and contextualize learning from one another was necessary, rather than merely replicating the way business is being done currently, which may or may not work.



Immersion Program for members in communities where DHAN Foundation operates in Madurai



3rd Meeting was held in November 2018 at PEOPLE TREE Hospitals, Bengaluru

The People Tree Hospitals, Bangalore hosted the third meeting of the EHAC on the 17th and 18th of November 2018. The meeting deliberated and expanded on the scope of how the member organizations approach 'equitable healthcare.' The poor in the country clearly had a need for access to good quality healthcare. Additionally, the Consortium had augmented its focus to be inclusive for all. The charter was expanded to include people who were capable of paying for services as they too were entitled to get good quality healthcare. This was in addition to the initial charter of providing good quality health care for the poor along with a renewed focus on primary healthcare services, which was a very important step in moving towards universal high-quality healthcare.



4th Meeting was held in April 2019 at Indian Institute of Management, Udaipur

The Indian Institute of Management Udaipur hosted the fourth meeting of the EHAC on the 12th and 13th of April 2019. In this meeting the members deliberated and expanded on the scope of how the member organizations can work on models to provide quality healthcare. Thematic areas for EHAC to deepen its impact were identified.



5th Meeting was held in April 2019 at Indian School of Business, Hyderabad

The Indian School of Business hosted the fifth quarterly meeting on the 23rd and 24th of Aug'19 in Hyderabad.

The participants engaged in vigorous discussions on the worrying gaps in public healthcare delivery, wherein large swathes of rural India lack access to basic health facilities, a problem compounded by cultural and socio-economic complexities. In recent times these gaps have manifested in extreme and troubling ways such as the recent incidents of violence against professionals from the medical community and vandalism targeted at medical facilities. Wide ranging in their scope, the talks also included the role private hospitals can play in balancing the public healthcare problem by joining the movement to deliver equitable healthcare across India to all Indians.

The discussions touched on novel methods and business model innovation for delivering more and better-quality healthcare services, including preventive and promotive care, at the primary and secondary levels in order to reduce the burden at the later stages of healthcare delivery. Experts also discussed focused insights into the role of Government insurance programs in improving healthcare access. Members also brainstormed on the need to continue to think of and implement out-of-the-box solutions, and on how institutions focused on education, as well as those focused on livelihood, among many other potential partners, can play a collaborative role by working closely with healthcare providers and contributing to improved healthcare models.



6th Meeting was held in December 2019 at Aravind Eye Hospital, Chennai

Aravind Eye Hospital hosted the sixth quarterly meeting of the EHAC on the 6th and 7th of Dec'19 in their new hospital premises in Chennai.

The participants engaged in discussions on how to enable and support private healthcare providers to be more equitable. Founders of Prozela Healthcare, Cloudphysician, Karma Healthcare, iKure and others spoke about their entrepreneurial journey and what they had envisioned when they had started their journey vis-a-vis where they are now. Panel discussions covered important points such as the choices they had to make in order to grow their organizations, the various forces that influenced their decision making process, and the extent to which they felt they had deviated from their initial goal of starting the institution due to the pressure to meet the numbers.

Topics related to how technological changes had brought about positive outcomes to healthcare were discussed. Participants wanted to understand how data from health research was being interpreted and used to make clinical products.



PILOT PROGRAMS

Kauvery Hospital and DHAN Foundation

Objective - To extend health care support to the poor and vulnerable people in the DHAN intervention areas. An MOU has been signed and the engagement is currently on for two years.

Key activities of the program:

- Cardiac screening
- Breast & Cervical Cancer awareness and screening sessions for women
- Awareness sessions on Anemia in adolescents
- Breast and Cervical cancer
- Patient referral / treatment

Beneficiaries (Target):

Minimum 10000 within 2 yrs

- Trichy - 5000
- Salem - 2500
- Hosur – 2500

Activities completed:

- 6 cardiac, cervical and breast cancer screening camps held
- 3 general health screening camps held

Kauvery Hospital and Sankalp India Foundation

An MOU between both the organizations has been signed for the next 5 years, to set up a Thalassemia Day Care centre at Tennur.

Key activities of the program:

- Comprehensive care at one place for Thalassemia patients.
- Dedicated 5 bedded day care centre for Thalassemia patients at Kauvery Hospital, Tennur.
- Full time Pediatric Hemato-oncologist, Thalassemia counselor and trained nurses.
- Technical support from a renowned Italian Pediatric Hematologist Dr. Lawrence Faulkner & Sankalp India Foundation.
- Leuko depleted blood transfusion, iron chelators and serial monitoring through required investigations at a subsidized cost

Sankalp India Foundation and RMM Global Hospital and Trauma Center

Sankalp India Foundation set up a day care centre for management of Thalassemia patients at RMMG Hospital, Mount Abu. They signed an MOU for five years. Sankalp will provide the professional and technical assistance, leading to prevention, management and cure of Thalassemia majors. RMMG has provided the space for set up and will support with products, labs investigations, staff, equipment, patient enrolment etc.

PEOPLE TREE Hospitals and DHAN Foundation

An MOU was signed by the respective parties for a period of one year to work on the following:

- Health workers on both sides to create awareness in public forums on non-communicable diseases and general health ailments
- The screening of non-communicable diseases viz. Diabetes, Hypertension, Breast & Cervical cancer and heart diseases will be given major emphasis during screening camps. The screening camps will be organised by the Hospital and logistics will be taken care of by the federations of DHAN.
- The hospital will organize health screening camps and follow up of needy patients for further diagnosis will be taken care by the DHAN teams on the field.
- PTH to provide technical guidance and support to the SUHAM Community Hospital at Kudur

Activities completed:

- 5 mega health camps conducted
- 3 gynaecological camps conducted
- 1 ortho camp completed



Health Talk at Thovinkere



Pavagada Health camp



Pap smear camp at Kuddur



BLS Training at Koratgere

Primary Healthcare Initiative, a joint initiative of Basic Healthcare Services and Indian Institute of Management Udaipur

A Consultation on Financing Primary Healthcare was organized on 16th November, 2019. The event was attended by academicians and thought leaders as well as representatives of 8 organisations specializing in primary health care and financing.

The idea was to look into different financing models of primary healthcare initiatives across India and draw out lessons on sustainable financing. This will feed into the model of primary healthcare that the two institutions intend to design, test and evaluate.



A second round of Consultation on Designing elements of primary healthcare for rural areas was conducted on 2nd and 3rd February 2020. The event was attended by academicians and thought leaders as well as representatives of 10 organisations specializing in primary health care, behaviour change, technology, policy and research.

The themes for the consultation were:

- Improving care-seeking behaviour, demand for, and utilization of primary healthcare services.
- Operations and appropriate technology for primary healthcare in rural areas.
- Research, policy and partnerships for primary healthcare initiative.



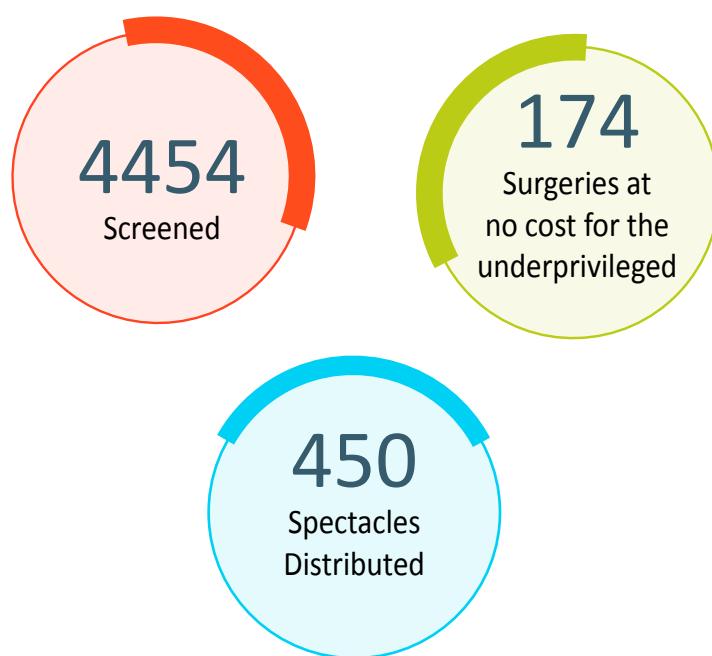
DHAN Foundation and SMILES Institute of Gastroenterology

DHAN and SMILES are working on an education program on colorectal awareness. To ensure early diagnosis and treatment, reduction in cancer mortality and to ensure psychological disorders from this ailment are treated, awareness programmes in the DHAN communities have been undertaken.

Eye camps conducted by L V Prasad Eye Institute for the DHAN Foundation Self Help Groups

Totally 45 camps have been conducted so far in the areas of Visakhapatnam, Malkajgiri and Madanapalle etc.

Activities completed



Internship and placement opportunities for students of Sant Singaji Institute of Science and Management with EHAC member organizations

Sant Singaji Institute of Science and Management (SSISM) in Sandalpur (MP), has students from the tribal and rural areas of Gondwana who are studying here. These students are poor and cannot afford to pay fees for medical/paramedical courses. They are however interested to pursue a career in the medical field in supporting roles. These internships with our member organizations help them to broaden their horizons and improve their opportunity to procure a livelihood.

1. Ten students underwent a two month internship with Narayana Health in Bengaluru.
2. Six students interned for three months with Fernandez Hospital Foundation and were subsequently placed with the hospital in Hyderabad.
3. Global Hospital and Research Center in Mount Abu offered a two month internship for four students and subsequently successfully placed them at their hospital.
4. PEOPLE TREE Hospitals ran a one year “Critical Care Assistant” certification program for eight students of SSISM and were happy to absorb them in roles within their hospital in Bengaluru.
5. Two students completed their internship and have been placed with Dhaatri Mother’s Milk Bank in Bhopal and Indore.



Published case studies on EHAC member organizations that are now available on HBSP website. These case studies are co-written by EHAC members Prof. DVR Seshadri, Prakash Satyavageeswaran and Swati Sisodia

Title	Authors
1. A Holistic Intervention Towards Sustainable Livelihoods and Coastal Conservation: A DHAN Foundation Case	
2. Creating Grassroots Leaders through DHAN's Unique Leadership Model	
3. DHAN Foundation: Delivering Healthcare to the Village Doorstep - An Innovative Approach (A)	
4. DHAN Foundation: Delivering Healthcare to the Village Doorstep - An Innovative Approach (B)	
5. DHAN Foundation: Delivering Healthcare to the Village Doorstep - A Holistic Healthcare Model (C)	
6. Grooming Young Graduates as Committed Development Professionals: Dhan Academy and the Dilemma of Doing Well by Doing Good	
7. Fernandez Hospital: Pioneering Excellence in Maternal and Newborn Healthcare	
8. L V Prasad Eye Institute: Innovating the Business of Eye Care	
9. SSISM-Social Entrepreneurship or Chaos?	

IN FOCUS

Medical Student Interactions

Reaching out to the Medical Student fraternity by establishing a communication framework wherein, through regular panel discussions and talks, we at EHAC demonstrate to them how successful models of healthcare have evolved. The objective is to expose them to the ideal that they can practice their livelihood while being ethical and equitable.

After a first successful panel discussion addressing the Medical College students and residents at the Indian Institute of Management Udaipur in the month of April 2019, the second panel discussion was hosted at L V Prasad Eye Institute in Aug'19. "Can today's medical professional be Ethical, Empathetic, Successful and also be satisfied with their job"? was the theme of these discussions.

Students posed questions on whether sustainable, quality and ethical healthcare is possible for all, how does a doctor build a trustworthy relationship with his patient and can this then reduce the number of violence cases we are seeing against doctors in the recent years, and what is the current healthcare policy and its impact on the community at large. The panellists provided examples to the students from their own experience and their organization in order to help them grasp some of these concepts and tie it to their day to day work.

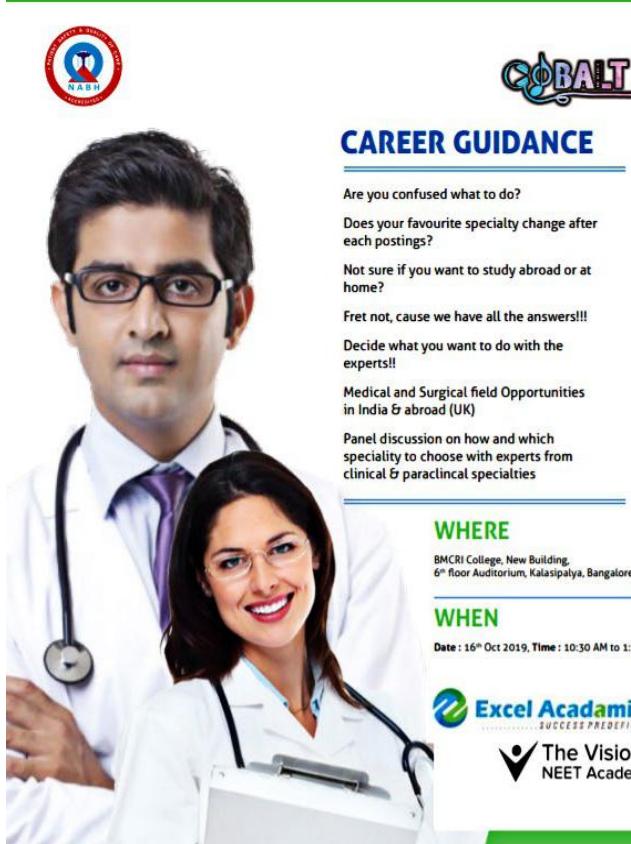
@ IIM Udaipur in April'19



@ LVPEI in Aug'19



@Bangalore in Oct'19 - EHAC participated in Cobalt Skies'19



BMC & RI presents...

COBALT SKIES'19
.....Mystify the spires of M&D mess

NABH

CAREER GUIDANCE

Are you confused what to do?
Does your favourite specialty change after each postings?
Not sure if you want to study abroad or at home?
Fret not, cause we have all the answers!!!
Decide what you want to do with the experts!!
Medical and Surgical field Opportunities in India & abroad (UK)
Panel discussion on how and which specialty to choose with experts from clinical & paraclinical specialties

WHERE
BMCRI College, New Building,
6th floor Auditorium, Kalasipalya, Bangalore.

WHEN
Date : 16th Oct 2019, Time : 10:30 AM to 1:30 PM

Excel Academics SUCCESS PREDEFINED
The Vision NEET Academy

What Next & Which Speciality to choose ? Panel Discussion :

Senior Consultant Obstetrician
Chairperson Fernandez Hospital Foundation

Dr. Evita Fernandez Pathologist
Director - Anand Diagnostic Laboratory.

Dr. Sujay R. Prasad Ophthalmologist
Director & NetworkHead Clinical Research L V Prasad Eye Institute

Dr. Raja Narayanan

Anaesthesiologist
Secretary, Swami Vivekananda Youth Movement (SVYM), President & Chief Executive Officer

Dr. (Flt Lt) M.A. Balasubramanya Radiologist
Consultant – Interventional & Diagnostic Radiology Columbia Asia Hospital.

Dr. Rajesh V Helavar Senior Joint Replacement Surgeon
CEO PEOPLE TREE Hospitals & Trustee PEOPLE TREE Foundation

Dr. Chandrasekar Chikkamuniyappa

OPPORTUNITIES ABROAD :

Medical Post Graduate Opportunities in the United Kingdom
Dr. Dinesh Kumar
MD (General Medicine), MRCP (UK), FRCP (Edinburgh), PgCHE (Newcastle). Diploma in Diabetes & MS (Diabetes) (Cardiff) Advanced Diploma in Diabetes, Geriatric Medicine Stroke & Parkinson's Disease PEOPLE TREE HOSPITALS

Surgical Post Graduate Opportunities in the United Kingdom
Dr. Ravi Sachidananda
MS, DMBS, MRCS, MRCP, MSc (Voc of RCSEB), MRCP (UK) Advanced Head and Neck and Microvascular Fellowships (Duke University USA) Diploma ENT/Head and Neck Surgeon PEOPLE TREE HOSPITALS

Paediatric Post Graduate Opportunities in the United Kingdom
Dr. Gurudutt
MBBS, MRCPCH, CCT - UK Fellowship Paediatric Critical Care - UK Lead Consultant Paediatric Intensivist PEOPLE TREE HOSPITALS

OPPORTUNITIES IN INDIA
Dr. Divya Nagabushana
MBBS, MD (Neurology), MRCP (UK) Consultant Paediatric Neurologist PEOPLE TREE HOSPITALS

Fellowship in Primary Healthcare

Basic Healthcare Services in partnership with the Academy of Family Physicians of India and Equitable Healthcare Access Consortium is running a Primary Healthcare Fellowship for young physicians.

This one-year fellowship in primary care was launched for young doctors to get hands-on immersion in rural primary care and an opportunity to be mentored by individuals and organizations that have a lot of experience in setting up and managing equitable and ethical healthcare institutions.

We advertised widely, and about 40 young physicians applied. After an extensive round of interviews, two Fellows for the years 2019-2020 were selected. But only one of them finally joined.



Dr. Vivek Kumar (MBBS) from Bihar, had been working with Basic Healthcare Services, and was placed at AMRIT Clinics in rural Udaipur. He worked continuously during the COVID period and was an active participant on the weekly zoom sessions for Fellows with the Academy of Family Physicians of India. He had completed six months of Fellowship in June, when due to the COVID situation, his parent organization (government of Uttarakhand) asked him to report back for emergency duty immediately. We are finding ways to continue his Fellowship long distance.

TESTIMONIALS

Dr. Evita Fernandez

Chairperson - Fernandez Hospital Foundation, Hyderabad

When I received an invitation to be a part of the consortium, I was very excited and looked forward to working with various individuals and organisations. I was aware there would be a lot of learning besides the sharing of ideas. More importantly, I felt it would help to develop a support network of people committed to delivering equitable, ethical healthcare to our fellow citizens.

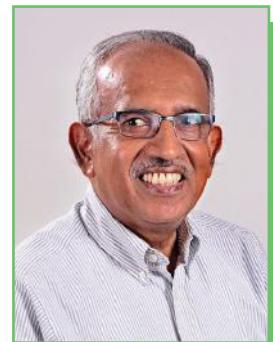


The past two years have been an incredibly enriching experience. Meeting stalwarts from organisations with a strong Gandhian philosophy, listening to the amazing work done at the grass-root level, talking to leaders of NGOs working for gender equality have filled me with hope and encouragement. It also gave me the impetus to persist in our own challenging journey.

EHAC has also made it possible for organisations to link up and collaborate on a common project. I wish to see the EHAC grow in strength to become a VOICE in the country - a voice that will influence policies to make equitable healthcare a reality for every citizen of India.

Mr. Thulsiraj Ravilla

Director Operations - Aravind Eye Care System, Madurai



One of Aravind's important guiding principle is providing "eye care to all" regardless of patients' ability to pay and doing it in an ethical and responsible manner. Aravind has grown over the past four decades and has become financially viable essentially by operationalizing this "inclusive" model of care. In order to propagate this inclusive and ethical win-win model of care giving, we ran a two-day workshop on "Practicing Responsible Medicine" as part of our October summit in 2016. Prof. D V R Seshadri played an important role in this meeting and a thought process that emerged was the need to have a permanent platform to guide and promote equitable practice of medicine. The COVID pandemic is demonstrating the interconnectedness as well as making it loud and clear that if one wants to remain healthy, then the health of everyone else in the planet should also be taken care of. This essentially is the future work of EHAC.

Dr. Pavitra Mohan

Founder - Basic Healthcare Services, Udaipur



BHS has gained immensely from being an organizational member of the consortium. By providing a safe and stimulating space for discussions with other healthcare experts from very diverse backgrounds, it has helped evolve our own understanding of equitable healthcare in India. We have made some wonderful friends and collaborators, namely Dr Evita Fernandez and her foundation, Jagdish Rattanani and The Billion Press; and some wonderful far-reaching collaborations such as with Indian Institute of Management Udaipur. We have also received immense support for our own growth from L V Prasad Eye Institute for quality improvement of AMRIT Clinics.

Equitable Access to Health Care Consortium provides a unique platform to all those organizations who believe that everyone should be able to access high quality healthcare, irrespective of their ability to pay. It is an inclusive platform and has members from private for-profit, not-for-profit and public sector organizations, that makes it unique from other platforms, which draws boundaries. In future, it has the potential to become a think-tank on health systems in India, bridging the gap between different ideologies; and a harbour for healthcare organizations and entrepreneurs that believe in ethical and equitable healthcare in India.

Prof. Prakash Satyavageeswaran

Treasurer - EHAC

Marketing Faculty - Indian Institute of Management Udaipur



EHA Consortium has evolved rapidly as a leading platform for conversations and actions on equitable access to healthcare over the last year. Our concerted efforts in adding individuals and organizations, both big and small, to our member base as well as our curated quarterly meetings have helped bring together people and ideas. The amalgam of healthcare, livelihood and educational institutions as members has produced multiple partnerships, pilots, and projects that are taking forward our interests in providing access to care irrespective of an individual's ability to pay. With many Institutional & Individual members in our fold and three quarterly meetings held last year, we have built a solid foundation to reach out to a wider audience and fulfil our objectives.

Mr. Pranjal Dubey

*Founder - Sant Singaji Institute of Science and Management,
Sandalpur*



SSISM has been working in the rural parts of Madhya Pradesh for the last 10 years. EHAC has worked as 'Elixir' for us. Most of the girls' students who have a strong desire to join in the healthcare field at any level were unable to think about it due to the poor income of the family. The honorable members of EHAC have extended support for it by providing these girls with residential internship training as paramedical support staff along with a stipend.

EHAC has also shown us a ray of hope in the field of Telemedicine for ultra-rural areas to provide affordable healthcare for villagers. A pilot study is on in this regard. We are ambitious to bring about a meaningful change in the rural ecosystem in association with EHAC.

Dr. Rajesh B Iyer

*Consultant Neurologist & Epileptologist
Vikram Hospital, Bengaluru*



When I was invited to an EHAC quarterly meeting by Prof. DVR Seshadri in 2018, I was wondering what this consortium was all about? After attending a couple of meetings and listening to enlightened people from diverse fields, I am convinced that there is a need for integration of like-minded people for a common cause, to fill up the large voids in our healthcare system and improve the health and quality of life of fellow human beings. Although I work in two hospitals, I am in EHAC as an individual member. It has been a new learning about health care entrepreneurship and intrapreneurship. The biggest impression was a statement by Prof GN Rao in one of the meetings, I quote: "healthcare is not for profit".

There is an eagerness of each participant in EHAC to help one another. We were able to start an epilepsy camp at Suham Hospital- thanks to Shri. Rajapandian & DHAN Foundation. EHAC has a long way to go, but certainly it is going to bring in the much-needed transformation in health care.

Dr. Kiran M

*HOD & Senior Consultant Neuro & Spine Surgeon
Narayana Institute of Neurosciences, Bengaluru*



Our aim as medical professionals will always be to ensure that care reaches maximum people. I have often encountered many barriers to this. Dissemination of knowledge, communication barriers, technology gaps and ethical mismatch are some of them. It is with this background that I joined EHAC. I met a mixed bag of people during the quarterly meetings who represented NGOs, Hospitals both for profit and not for profit, Education, Media, Government sector who were equally concerned about the gaps in health care and passionate to find solutions to these problems. A unique feature about EHAC is the sharing of resources in the group to support each other. There were leaders present at these meetings, who were at the top of their game, so the interaction was direct and the result was immediate, as there were no hierarchical barriers. For example, I was particularly inspired by an entrepreneur - Pranjal Dubey, who had started an education institute called Sant Singaji Institute of Science and Management (SSISM) in a remote tribal area called Sandalpur in M.P. Apart from offering regular courses they are also training students in medical technology. I was approached to work out an internship program for about 10 girl students, at our Hospital- Narayana Hrudayalaya in Bengaluru. The aim was to empower these students by exposing them to cutting edge technology in the medical field and allow them to see a world of opportunities that existed beyond their small town. The training helped the students in overcoming their fears. Post training, they were able to put what they learnt to good use in their rural facilities back home which was satisfying. I feel EHAC by facilitating interactions like these is doing great work in equitable distribution of technology and care in areas where it is most needed.

AUDITOR'S REPORT

TO THE BOARD OF TRUSTEES OF EQUITABLE HEALTHCARE ACCESS CONSORTIUM

Opinion

We have audited the financial statements of Equitable Healthcare Access Consortium, which comprise the balance sheet at March 31st 2020, the Income and Expenditure Account and the Receipts and Payments account for the year then ended, and notes to the financial statements, including a summary of significant accounting policies. In our opinion, the accompanying financial statements give a true and fair view of the financial position of the entity as at March 31, 2020, and of its financial performance for the year then ended in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India (ICAI).

Basis for Opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) issued by ICAI. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the entity in accordance with the ethical requirements that are relevant to our audit of the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the aforesaid Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Place: Bangalore
Date: July 11, 2020



for **SRIDHAR & BRITO**
Chartered Accountants
Firm's Reg. No.:003987S


L Sridhar
Partner
Membership No. 021733
UDIN: 20021733AAAABB3641

**EQUITABLE HEALTHCARE ACCESS CONSORIUM
BALANCE SHEET AS AT MARCH 31, 2020**

As at 31.03.2020 (in Rs)

SOURCES OF FUNDS:

CORPUS FUND	5,000
EXCESS OF INCOME OVER EXPENDITURE	27,546
CURRENT LIABILITIES & PROVISIONS	31,330
TOTAL	63,676

APPLICATION OF FUNDS:

CURRENT ASSETS, LOANS AND ADVANCES	
Cash in Hand	5,000
Cash at Bank	58,676
TOTAL	63,676

NOTES FORMING PART OF THE ACCOUNTS : A

AS PER OUR REPORT OF EVEN DATE

for and on behalf of the Board of Trustees

For SRIDHAR & BRITO

Chartered Accountants

Firm's Reg No.: 003987S

D V R Seshadri

Trustee

G Nageswara Rao

Trustee

L Sridhar

Partner

Membership No. 021733

Place : Bangalore

Date : July 11, 2020

**EQUITABLE HEALTHCARE ACCESS CONSORTIUM
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31, 2020**

For the year ended 31.03.2020 (in Rs)

INCOME:

Membership Fee	2,52,500
Interest	3,081
	TOTAL INCOME
	2,55,581

EXPENDITURE:

Consortium Meeting Expenses	1,04,043
Webhosting & Maintenance Expenses	50,450
Professional Charges	58,550
Printing & Stationery	1,561
	TOTAL EXPENSES
	2,14,604

Excess of Income Over Expenditure	40,976
Income Tax	13,430
Balance Carried Over to Balance Sheet	27,546

NOTES FORMING PART OF THE ACCOUNTS : A

AS PER OUR REPORT OF EVEN DATE

for and on behalf of the Board of Trustees

For SRIDHAR & BRITO
Chartered Accountants
Firm's Reg No.: 003987S

L Sridhar
Partner
Membership No. 021733

D V R Seshadri
Trustee

G Nageswara Rao
Trustee

Place : Bangalore
Date : July 11, 2020

**EQUITABLE HEALTHCARE ACCESS CONSORTIUM
RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED MARCH 31, 2020**

As at 31.03.2020 (in Rs)

RECEIPT

Opening Balances:

Cash at Bank	NIL
Cash in Hand	5,000
Membership Fees	2,52,500
Interest Income	3,081
Interest	
	TOTAL
	2,60,581

PAYMENTS:

Consortium Meeting Expenses	1,04,043
Webhosting & Maintenance Expenses	50,450
Professional Charges	40,850
Printing & Stationery	1,561

Closing Balances:

Cash at Bank	58,676
Cash in Hand	5,000
	TOTAL EXPENSES
	2,60,581

NOTES FORMING PART OF THE ACCOUNTS : A

AS PER OUR REPORT OF EVEN DATE

for and on behalf of the Board of Trustees

For SRIDHAR & BRITO

Chartered Accountants

Firm's Reg No.: 003987S

L Sridhar

Partner

Membership No. 021733

D V R Seshadri

Trustee

G Nageswara Rao

Trustee

Place : Bangalore

Date : July 11, 2020

EQUITABLE HEALTHCARE ACCESS CONSORTIUM

NOTES FORMING PART OF ACCOUNTS

Schedule A: Notes to Accounts:

1. Equitable Healthcare Access Consortium is formed on 21st February 2019, is registered with the Dist. Registrar Office Hyderabad (South) of under No 1004-IV-101-2019 Bangalore on 21st February 2019 with the main object of facilitating equitable health care for all by promoting a network of organizations that will continually find ways to provide equitable healthcare to all through outstanding synergies by embracing a culture of collaboration, cross learning, education and transformation.

2. SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING:

- The Accounts are prepared under historical cost convention in accordance with the generally accepted accounting principles under accrual basis.
- Revenue from membership contribution is recognised on actual receipt basis.
- This being the first year of operation, no previous year comparison is applicable.

NOTES FORMING PART OF THE ACCOUNTS : A

AS PER OUR REPORT OF EVEN DATE

for and on behalf of the Board of Trustees

For SRIDHAR & BRITO

Chartered Accountants

Firm's Reg No.: 003987S

L Sridhar

Partner

Membership No. 021733



D V R Seshadri

Trustee



G Nageswara Rao

Trustee

Place : Bangalore

Date : July 11, 2020

To find out more about Equitable Healthcare Access Consortium and its programs and membership criteria please visit our website at www.ehaconsortium.org or write in to us at admin@ehaconsortium.org

Equitable Healthcare Access Consortium
Kallam Anji Reddy Campus
L V Prasad Marg, Banjara Hills
Hyderabad - 500 034



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