EQUITABLE HEALTHCARE ACCESS CONSORTIUM SEVENTH QUARTERLY MEETING

in collaboration with

The Healthcare Systems in a Post-COVID World

Date: 5th December 2020

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EHAC Vision

Core Purpose

To facilitate equitable healthcare for all.

Elaboration of the core purpose: 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.

Core Values – The 5 E's

1. **Excellence in Healthcare -** EHAC shall enable excellence and high-quality healthcare to everyone, regardless of race, age, gender, religion, location, caste, community and socio-economic status, irrespective of their ability to pay.

2. **Encourage Collaboration -** EHAC shall put in place systems and processes to bring together diverse skills by exploring collaborative and complementary initiatives and leveraging cross-learning to maximize the benefit to the communities it serves.

3. **Enabling Environment -** EHAC shall work towards creating enabling environments that foster creative ways in which different organisations can work together, innovate ways to bring together public health and private practice, facilitate formulation of suitable healthcare policies by the government, assist in devising means to ensure sustainability of the member organisations and explore ways to enhance healthcare inclusivity in the society.

4. **Ethical Behaviour & Practices -** EHAC shall endeavor to foster an ethical environment that motivates and supports young and idealistic professionals and organisations in the areas of healthcare, livelihood and education to work for the vision of EHAC. EHAC shall bring on board members who are ethical both in precept and practice.

5. **Evidence-based Practice -** EHAC shall leverage and document data, insights and knowledge, to enable sharing of best practices to deliver healthcare cost-effectively through creating a fast-paced learning environment, thus enabling sound research around evidence-based care through community pilot initiatives and partnerships, among others and encouraging all healthcare organisations to continually strengthen evidence-based practice.

Concept Note

The Healthcare Systems in a Post-COVID World

Arnaz Dalal, Prakash Satyavageeswaran and DVR Seshadri

In a TED Talk in April 2015, Bill Gates spoke about the next virus outbreak and how we as humanity are not ready to tackle it. He cautioned that the Ebola virus was a wakeup call and "if there was anything that killed more than 10 million people in the next 10 decades, it will most likely be a highly infectious virus, not missiles but microbes."[1]

And on December 2019, less than five years later, the world has experienced the alarming spread of the COVID-19 pandemic, which has had devastating consequences. Countries everywhere are still grappling with this virus and running on full steam to step up their healthcare systems, which are bursting at the seams due to their inability to manage the large number of people infected.

The 7th Quarterly Meeting of the Equitable Healthcare Access Consortium will bring to fore the urgent need for us as a society to learn from this pandemic and be future-ready. The pandemic has disrupted life of millions of people across the world, as well as of organizations and the medical world. There is an urgent need to gather forces and put forth our learnings to try and manage, if not avert, future disasters like this.

Accordingly, we propose four themes for the meeting as described in this document.

Theme-1: Activities of Human beings as triggers of recurring pandemics

Sir David Attenborough's documentary considers how the human impact on nature may be leading to ever-increasing incidence of infectious diseases.[2] The fashion industry in its quest for exotic leather and fur and the insatiability of man to consume new and exotic meats has brought the danger of diseases such as Ebola and Coronavirus into our backyards. Animals have viruses that circulate inside their bodies and they shed them rapidly when caged or when under threat of impending death in human environs.

Human beings' contribution to climate change has been through its factory farming of exotic animals, cattle and the poultry business, where millions of livestock are raised in confined/closed spaces and put on a diet of hormones for faster growth and more produce. This is causing animal suffering and abuse as well as creating large-scale disruptions in terms of environmental pollution of all types, as forests are being cleared at an alarming pace to create farms to feed these animals.

COVID-19 is the result of major disruptions of biodiversity on earth. Humans are behind every pandemic. In the future, pandemics are likely to happen more frequently, spread more rapidly, kill more people and have greater economic impact.[3]

Under this theme, we will look at the impact of the pandemic on humans as well as the human behaviours impacting (causing/ worsening the impact of) pandemics. We will specifically explore our relationship with food, how our insatiable demand fuels various industries including the food

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[1] www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready?language=dz
[2] www.facebook.com/bbcnews/videos/625531614824745
[3] www.newindianexpress.com/opinions/2020/nov/07/factory-farming-of-animals-and-climate-change-220463.html

industry, and how food consumption often leads to illness rather than wellness. It is now widely believed that humans' demand for exotic meats is the cause of the current pandemic. We will also consider how we can effect individual level changes in our diets, and the consequential impact on the food industry, in order to not only improve our wellness and reduce our dependence on medicines, but also to reduce our environmental impact collectively, leading to reduced risks of future pandemics.

Theme-2: Impact of the pandemic on healthcare of the population

The existing fragile relationship between unorganized labour, acute poverty and nutritional as well as health effects has been exacerbated by COVID-19. The pandemic has resulted in mass unemployment, starvation, increase in gender-based violence, homelessness, alcoholism and millions of people slipping into dire poverty across the world. With factories and workplaces shut down due to the lockdown imposed in India, millions of migrant workers have had to deal with loss of income, food shortages and uncertainty about their future. There has been a mass exodus of migrants from cities to their rural hometowns as the public distribution systems in cities failed them. Loss of income has led to people unable to feed themselves and their families and this in turn has resulted in severe cases of malnutrition amongst the poor. Lack of proper nutrition greatly increases the chances of infection. The problem is compounded by lack of easy access to primary, secondary and tertiary care facilities, especially during a lockdown situation.

The continuity of healthcare services in the rural or urban areas, at the primary, secondary and tertiary levels, has been severely affected during the pandemic. Evidence shows a decrease in access and utilization of healthcare services during the pandemic.[4] This suggests that a large population is at risk for contracting and dying from various diseases apart from COVID-19.

The pandemic has also brought out many cases of outright greed and callous behaviour of some hospitals, bordering on profiteering, when the country has been passing through extreme distress. The horror stories of beds being provided for a premium, patients being forced to pay cash up front for admission and preferential admission into hospitals and treatment to those who can pay premium charges, are some of the examples of inequities that occur during times when the health system is bursting at its seams and is literally falling apart.[5]

This session will focus on the need to ensure continuity of healthcare services during a pandemic situation. The session will discuss how well-organized and well-prepared healthcare systems can continue to provide equitable access during troubled times and provide a reduction in direct/indirect mortality rates in the population. Integration of welfare schemes, the provision of medical insurance and life insurance schemes for the poor, etc., become central to alleviate human suffering of the under-privileged.

The commitment to reskilling and upskilling people, including the skills needed to prepare workers for the digital economy, is essential to avoid getting into similar crises in the future. If people are struggling to make ends meet, this will lead to a domino effect on healthcare and wellbeing of the population, which will have far-reaching disastrous impact on the overall economy.

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[4] www.livemint.com/news/india/how-covid-19-response-disrupted-health-services-in-rural-india-11587713155817.html)
[5] https://scroll.in/article/963885/in-the-middle-of-a-pandemic-indian-hospitals-are-inflating-the-cost-of-even-non-coronavirus-care
www.inventiva.co.in/stories/tamanna/COVID-19-19-pandemic-how-private-hospitals-are-fleecing-the-patients/

Theme-3: The changing face of healthcare post the COVID-19 pandemic

The pandemic has had a devastating impact on the rural, urban and tribal poor, the unorganized sector, migrants, and many more vulnerable sections of the country's population. The healthcare services provided through the government's primary care as well as informal care that these vulnerable sections of the population rely on or need, including preventive healthcare services, has been adversely affected. The need for distributed and decentralized healthcare, and provision of comprehensive, high quality care at the doorstep for all, irrespective of their ability to pay, with a focus on the rural populations as well as other vulnerable populations is clear. Additionally, medical and life insurance for the poor and the integration of various programs with government schemes to make healthcare more affordable for the underprivileged is vital. Dependence on large hospitals has proved to be the failure of our healthcare system during the COVID-19 pandemic.

Increase in healthcare expenses along with the fear and stigma associated with COVID-19 have reduced patient footfalls to hospitals for treatment of even non-COVID-19 health problems. Low occupancy in hospitals has adversely affected the healthcare industry significantly. There will be increased competition to capture the backlogged demand and this is likely to give rise to malpractices and inequities in providing healthcare to the masses.

In the light of a failing healthcare system, patients are likely to focus on building good immunity levels to be able to fight infections better without medical interventions. The demand for supplements and organic foods is expected to rise. In response, the government has to find ways to promote wellness.

There is need to create sustainable behavioural change in the population and towards this end, communication tools must be created and disseminated across regions to elevate people's knowledge and promote behavioural change in the population.

The general public will insist on new technologies that do not necessitate them to visit hospitals or clinics. This will provide a fillip to telemedicine. Devices such as digital stethoscopes and portable ECG monitors can be used at home and the results shared remotely with doctors. Artificial Intelligence will play a larger role in providing patient care.

Increase in chronic stress, anxiety, depression, and overall rise in morbidity and suicides have been observed since most education and work is being done out of homes. Consequentially, physical interactions that are much needed for human beings to remain mentally healthy are totally missing. Mental health and wellbeing may well take centre stage. New patterns for patients seeking help in this area will emerge. [6]

We will see larger engagements in public–private collaboration in global health preparedness, necessitating new ways in which organizations can initiate and foster such partnerships.

This session will discuss the need for having a robust healthcare infrastructure in India, with increased budgetary allocations by the Government towards healthcare. There is urgent need to boost public private partnerships on a war footing. How can we make healthcare services more ethical, supportive and responsive in the post COVID-19 world? Improving the reach of Telemedicine, AI and other technologies to remote corners of India and the greater role they can play in providing point of care medical attention will help address these challenges. Our primary care system must be strengthened. It is essential to find ways to improve access to quality care for the vulnerable

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[6] www.hindustantimes.com/analysis/covid-19-india-is-staring-at-a-mental-health-crisis/story-hmBOzUYsbo3SmtlWilmBzL.html

population in India. How can the experiences relating to handling COVID-19 be used to help the next generation of doctors better understand how infectious diseases emerge and spread and how they can be controlled?

Theme-4: Preparedness for pandemics to come

To the extent possible, pandemic preparedness should aim to strengthen existing systems rather than develop new ones. The planning process, implementing what is planned, and testing and revising the plan based on feedback from key stakeholders and tailoring the plan to the local emerging realities may be as important as the plan to handle the pandemic itself.[7]

Pandemic response requires that business continuity plans and surge capacity plans be developed for the health sector as well as for other sectors that could be affected by a pandemic to ensure adequate and sustained capacity to handle the large volume of emergencies during a pandemic.

This session will additionally discuss the need to develop a central data surveillance system to link laboratory data with population data and clinical measures, so that organizations across the health system have the necessary information to track and predict pandemic outbreaks. This translates into the need to have sustained funding from the government to develop new vaccines, rapid diagnostic kits, treatment protocols and investing in better health care delivery across the board.

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[7] www.ecdc.europa.eu/en/seasonal-influenza/preparedness/why-pandemic-preparedness

Agenda

Day 1: Saturday, December 5, 2020		
Theme-1: Activities of human beings as triggers of recurring pandemics		
8.30 – 8.35 AM	Welcome Address	**Ms. Arnaz Dalal** *CEO, EHAC*
8.35 – 8.45 AM	Concept walk through of the seventh EHAC Quarterly Meeting, Introduction of key note speaker and panel	**Prof. D.V.R. Seshadri** *Secretary, EHAC*
8.45 – 9.15 AM	Keynote Speaker	**Dr. Sailesh Rao** *Founder & Executive Director, Climate Healers*
9.15 – 9.45 AM	Plenary Speaker	**Dr. Nandita Shah** *Founder & Director, SHARAN*

9.45 – 10.30 AM	Panel Discussion
	
	Moderator:
	Prof. Subodha Kumar
	Marketing and Supply Chain Management,Paul R. Anderson Distinguished Chair Professor,Fox School of Business, Temple University
		1. **Dr. Sailesh Rao**
		2. **Dr. Komal Prasad**
		   Senior Consultant Neurosurgeon & Spinal Surgeon Narayana Hrudayalaya
		3. **Mr. Madhu Chandan**
		   CEO &Founder, Organic Mandya

10.30 – 11.00 AM	Q & A	**Participants**
11.00 – 11.25 AM	Break	
Theme-2: Impact of pandemic on healthcare of the population		
11.25 – 11.30 AM	Introducing speaker and panel	**Ms. Astha Sharma** *Senior Manager - CBM, Indian School of Business*
11.30 – 12.00 PM	Impact of COVID-19 on the healthcare system	**Mr. Rajeev Sadanandan** *CEO, Health Systems Transformation Platform*

12.00 – 12.45 PM	Panel Discussion
	
	Moderator:
	Prof. D.V.R. Seshadri
	Clinical Professor, Marketing Indian School of Business
		1. **Mr. Rajeev Sadanandan**
		2. **Dr. Dinesh Baswal**
		   Formerly at Ministry of Health & Family Welfare
		3. **Dr. G.N. Rao**
		   Founder & Chair, L V Prasad Eye Institute

12.45 – 1.15 PM	Q & A	**Participants**
1.15 – 1.25 PM	Sum up of Day-1 proceedings Vote of thanks	**Dr. Santosh Kumar Kraleti** *Joint General Secretary, SAKSHAM*

Guest Speaker Profiles

Dr. Sailesh Rao
Climate Healers

Dr. Sailesh Rao has over three decades of professional experience and is the Founder and Executive Director of Climate Healers, a non-profit dedicated towards healing the Earth's climate.

A systems specialist with a Ph. D. in Electrical Engineering from Stanford University, Dr. Rao worked on the internet communications infrastructure for twenty years after graduation. During this period, he led the transformation of early analog internet connections to more robust digital connections that also ran ten times faster, at 1Gb/s.

In 2006, he switched careers and became deeply immersed, full time, in solving the environmental crises affecting humanity. Dr. Rao is the author of two books, Carbon Dharma: The Occupation of Butterflies and Carbon Yoga: The Vegan Metamorphosis, and an Executive Producer of four documentaries, The Human Experiment (2013), Cowspiracy: The Sustainability Secret (2014), What The Health (2017), and A Prayer for Compassion (2019).

Dr. Nandita Shah
SHARAN

Dr Nandita Shah is the recipient of the prestigious Nari Shakti Award 2016, the highest award for women in India, for her pioneering work in the field of health and nutrition . She is also the author of the book Reversing Diabetes in 21 Days.

She is the Founder, Director, and a trustee of SHARAN. She founded SHARAN in 2005 with the vision of helping people connect to animals and nature in order to heal themselves and the planet. She is also a registered medical doctor, specialized in homeopathy from the CMP Homeopathic Medical College in Mumbai.

Currently Dr. Shah conducts Peas vs Pills Seminars, Reversing Diabetes and Hypertension & Heart Disease Seminars all over India and abroad, conducts Cooking Classes, is a facilitator in SHARAN's retreats and does individualized personal & phone consultations.

Dr. Komal Prasad Chandrachari
Narayana Hrudayalaya Multispecialty Hospital

Dr. Komal Prasad Chandrachari, is Senior Consultant Neurosurgeon and Spinal Surgeon at Narayana Hrudayalaya Multispecialty Hospital, Mazumdar Shaw Medical Center and NH Health City in Bangalore. He is also the Principal Assessor for the National Board for Hospitals and Healthcare Providers (NABH), Quality Council of India.

He has been practicing at Narayana Health for fifteen years, and is also actively involved in postgraduate training in neurosurgery. He started neurosurgery services at Health City, Cayman Islands, an ambitious project of Narayana Health in the Caribbean. He was instrumental in creation of a Center of Excellence for Nanoparticles Research at Mazumdar Shaw Cancer Center, Bengaluru. A lean six sigma professional, he was part of Confederation of Indian Industry (CII) Institute of Quality Healthcare Mission to UK.

Madhu Chandan
Organic Mandya

A man of resilience and infinite passion, Madhu was born in Mandya and studied Electronics & Communication Engineering at PET Engineering College, University of Mysore. He began his career as an Automation Engineer. Working with different companies for 15 years, he traveled the world and founded a company called Verifaya in San Jose, USA

When in India in his hometown Mandya, he made some rather disturbing observations about the widespread farming practices and how it impacted society. He convinced his family and moved from the US back to Mandya in the year 2014. He was of the opinion that farmers had to be self-sustainable, eat organic products grown in their own farm/backyard, and reap the benefits of a natural way of farming. Thus, was born Organic Mandya, an organization founded by Madhu, of which he is also the CEO.

Recognizing his achievements in Agriculture, the Central Government nominated him as a Management Committee Member of the Indian Council of Agricultural Research (ICAR).

Prof. Subodha Kumar
Fox School of Business, Temple University

Dr. Subodha Kumar is the Paul R. Anderson Distinguished Professor of Marketing and Supply Chain Management at Temple University's Fox School of Business. He has joint appointments in Information Systems and Statistical Science. He also serves as the Director of Center for Data Analytics and the Ph.D. Concentration Advisor for Operations and Supply Chain Management.

Prof. Kumar has held the Carol and G. David Van Houten Professorship at Texas A&M University's Mays Business School. He was also a faculty at University of Washington. He holds a Changjiang Scholars Chair Professorship at the Dongbei University of Finance and Economics in China and a Visiting Professorship at the Indian School of Business (ISB). In addition, he is an Associate Member of the Graduate Faculty at the University of North Carolina at Charlotte. He is the Deputy Editor and a Department Editor of Production and Operations Management (POM), and the Deputy Editor-in-Chief of Management and Business Review.

Rajeev Sadanandan
Health System Transformation Platform

Rajeev Sadanandan is the CEO of the Health System Transformation Platform, a not for profit company that works in implementation research in health systems. He was recently appointed as the Kerala CM's adviser to combat Covid-19 pandemic.

He belonged to the Indian Administrative Service who specialized in health systems and health financing. During his three tenures as Additional Health Secretary of Kerala he initiated transformation of health systems with a focus on primary care. Designing and executing disease prevention and health promotion programmes, integrating social and epidemiological determinants to health care and applying technology to improve healthcare delivery.

He was the CEO of Rashtriya Swasthya Bima Yojana, India's national social health programme. Rajeev had been involved in developing and managing the TB control programme, HIV/AIDS programme at the national and state level. He worked for a brief stint in UNAIDS and has been a member of technical committees set up by UNAIDS and WHO and is currently one of the editors of WHO's Global Report on Cancer.

Dr. Dinesh Baswal
Formerly at Ministry of Health & Family Welfare

With 14 years of public health & maternal health experience, Dr. Baswal has been a pioneer in Maternal Health and has helmed various historic national level programs such as PMSMA (Pradhan Mantri Surakshit Matritv Abhiyan), ASHA & LAQSHAY (Labour room quality improvement initiative). He has also successfully implemented the first-of-its-kind Skill lab for various health workers in association with prestigious institutions like Lady Hardinge Medical college, Vardhman Mahavir Medical college with technical support from Liverpool school of Tropical medicine.

A FOGSI (Federation of Obstetrics and Gynecological society of India) award winner, he was selected for the John Hopkins Public Health scholarship. He has research publications in the British Medical journal & the reputed international journal - PLOS One. He was a key panelist in the Women Deliver conference in Vancouver. He has represented the Government of India in various panel discussions India and Abroad.

Dr. G. N. Rao
L V Prasad Eye Institute

Dr. Gullapalli N Rao founded the L V Prasad Eye Institute in 1987, after a successful career in the United States as an academic ophthalmologist. Dr Rao received his basic medical education in Guntur, Andhra Pradesh, and completed his postgraduate residency training in ophthalmology at the All India Institute for Medical Sciences, New Delhi. He went to the United States in 1974, where he was trained first at Tufts University School of Medicine in Boston, and later at the University of Rochester School of Medicine, where he continued on the clinical faculty until his return to India in 1986.

His areas of specialization include diseases of the cornea, eye banking and corneal transplantation, community eye health, eye care policy and planning. He has published more than 300 papers in national and international journals and has contributed several book chapters, in addition to serving on the Editorial Boards of several journals.

He was honored by the Government of India, in 2002, with the fourth highest Indian civilian award of Padma Shri. He was elected in 2017 to the Ophthalmology Hall of Fame instituted by the American Society of Cataract and Refractive Surgery.

Prof. D.V.R. Seshadri
Indian School of Business

Prof. D.V.R. Seshadri is a Clinical Full Professor of Marketing at the Indian School of Business, Hyderabad. His areas of interest are business-to-business marketing, corporate entrepreneurship, and strategy.

He holds a BTech (mechanical engineering) from Indian Institute of Technology (IIT), Madras, an MS (engineering sciences) from University of California, San Diego, and a fellow title (doctorate) from IIM Ahmedabad, with specialization in production and quantitative methods.

Since 2000 until joining ISB in 2016, D.V.R. Seshadri, taught in various IIMs (particularly at Bangalore, Ahmedabad and more recently at Udaipur since 2012). For 15 years prior to 2000, he worked in a variety of companies (public sector, family business and entrepreneurial start-ups, the last ten of them as CEO) spanning a variety of industries (petroleum refining & petro-chemicals, bulk drugs, active pharmaceutical ingredients, precision manufacturing and software).

He has co-authored several books, developed over hundred case studies and authored several application-oriented journal articles in his areas of interest.

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