EQUITABLE HEALTHCARE ACCESS CONSORTIUM SEVENTH QUARTERLY MEETING

in collaboration with

The Healthcare Systems in a Post-COVID World

Date: 19th 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 affect 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 2: Saturday, December 19, 2020		
Theme-3: The changing face of healthcare post the COVID-19 pandemic		
9.05 – 9.15 AM	Setting the context and introduction of speaker and the panel	**Dr. Chandrasekar Chikkamuniyappa** *CEO & Senior Joint Replacement Surgeon* *AMAZING CARE Clinic*
9.15 - 9.45 AM	The changing face of healthcare post the COVID-19 pandemic	**Prof. Subodha Kumar** *Marketing and Supply Chain Management* *Paul R. Anderson Distinguished Chair Professor* *Fox School of Business, Temple University*

9.45 – 10.30 AM	Panel Discussion
	
	 Moderator:
	 Dr. Rajesh Iyer
	 Neurologist & Epileptologist
	 Vikram Hospital
		1. **Prof. Subodha Kumar**
		 2. **Dr. Manju Sengar**
		    Professor, Department of Medical Oncology
		    Tata Memorial Centre
		 3. **Dr. Dileep Raman**
		    Co-Founder, Cloudphysician Healthcare Pvt. Ltd
		 4. **Mr. Rahul Chatterjee**
		    Chief Growth Officer, iKure Techsoft Pvt. Ltd.

10.30 – 11.00 AM	Q & A	**Participants**
11.00 – 11.25 AM	Break	
Theme-4: Preparedness for pandemics to come		
11.25 – 11.30 AM	Introducing speakers	**Ms. Arnaz Dalal** *CEO, EHAC*
11.30 – 12.00 PM	Preparedness for pandemics to come	**Dr. G.V.S. Murthy** *Director, Indian Institute of Public Health Hyderabad*

12.00 – 12.45 PM	Panel Discussion
	
	 Moderator:
	 Dr. Pavitra Mohan
	 Founder
	 Basic Healthcare Services
		1. **Dr. G.V.S. Murthy**
		 2. **Dr. Evita Fernandez**
		    Chairperson, Fernandez Hospital Foundation
		 3. **Mr. Anas Wajid**
		    Senior Director Sales and Marketing
		    Max Healthcare Institute Ltd.

12.45 – 1.15 PM	Q & A	**Participants**
1.15 – 1.25 PM	Sum up of Day-2 proceedings Vote of thanks	**Dr. G. Chandra Sekhar** *Vice Chair, L V Prasad Eye Institute*

Speaker and Panelist Profiles

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.

Dr. Rajesh Iyer
Vikram Hospital

Dr. Iyer is a Consultant Neurologist at Vikram Hospital in Bangalore. Before his association with Vikram Hospital, he was associated with Narayana Hrudayalya Institute of Neurosciences where he established the Comprehensive Epilepsy Care Center. He has also served as a faculty for several of the regional and national Epilepsy Conferences and Workshops. He is also the president of Karnataka Chapter of Multiple Sclerosis Society of India.

Dr. Iyer completed his MBBS from Government Medical College, Trivandrum. He then went on to do MD in General Medicine from the same college and DM in Neurology from Sree Chitra Tirunal Institute of Medial Sciences and Technology, Trivandrum.

Dr. Manju Sengar
Tata Memorial Centre

Manju Sengar [MD (Medicine), DM (Medical Oncology)] is a Professor in the Department of Medical Oncology at the Tata Memorial Hospital, Mumbai. She is a core group member of the National Cancer Grid. She is a member of the World Health Organization Expert Group on Essential Medicines Lists- Cancer Medicines Working Group (2020). She is also the Secretary of the Hematology Cancer Consortium (2018 onwards)

Dr Sengar completed her training in Medical Oncology from All India Institute of Medical Sciences, New Delhi. She has done her post graduate diploma in clinical trials from London School of Hygiene and Tropical medicine (external programme). She is a recipient of American Society of Hematology visitor training program fellowship at Duke University, Durham. She is the principal investigator for several investigator-initiated studies and has participated in industry sponsored multi-centre clinical trials. She has over 80 peer reviewed research publications to her credit

Dr. Dileep Raman
Cloudphysician Healthcare Pvt. Ltd

Dr. Dileep Raman is the Co-Founder of Cloudphysician, a company which is democratizing quality healthcare to small and medium sized hospital ICUs. With its smart-ICU solution, Cloudphysician is able to increase the number of ICU beds that an intensivist can reach in a timely, and cost-effective manner.

He is a Pulmonary, Critical Care and Sleep specialist who trained at the Cleveland Clinic Foundation, USA. He graduated medical school from the Government Medical College Thrissur, India, with a distinguished gold medal in internal medicine for academic excellence. Following which he completed his residency in Internal Medicine at Texas Tech University, USA, where he served as Chief Medical Resident.

Dileep is interested in training and has numerous teaching awards for resident and fellow education including the Cleveland Clinic Foundation teaching excellence award. His academic and clinical interests center around mechanical ventilation nomenclature, ARDS, neuromuscular respiratory diseases, interstitial lung diseases, thoracic and procedural ultrasound and heart-lung interactions in sleep.

Mr. Rahul Chatterjee
iKure Techsoft Pvt. Ltd

Rahul Chatterjee is a professional with over 25 years' experience in enterprise & technology solutions for healthcare, management consulting and business unit management. He has significant competence in solutions for the healthcare provider segment and population health management.

Rahul is currently the Chief Growth Officer of iKure, a technology enabled primary healthcare start-up. He is responsible for driving strategy, growth, operations, partnerships and initiatives for fund raising.

Rahul has earlier worked for companies like Reliance Industries, Siemens IT Solutions & Atos. Has played pivotal roles in managing start-ups through the incubation stage during 2016-2018.

Dr. GVS Murthy
Indian Institute of Public Health

Dr. Murthy is the Director at the Indian Institute of Public Health (Hyderabad and Bengaluru Campuses). He is also the Director at the South Asia Centre for Disability Inclusive Development & Research (Collaborative Overseas Centre LSHTM-PHFI) and Professor (Public Health Eye Care & Disability) at the London School of Hygiene & Tropical Medicine (LSHTM)

Over the past 35 years Prof. Murthy has contributed extensively to research, policy formulation and program implementation in public health, epidemiology, public health eye care and public health disability. He was instrumental in developing the first ever Department of Public Health Ophthalmology in India in 1992 at the RP Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, the first WHO Collaborative Centre for Prevention of Blindness in South East Asia. He has managed nationwide population-based behvaioural surveillance for HIV/AIDS in India, which enabled the National AIDS Control program set the baseline to monitor the success of interventions.

Prof. Murthy has won awards for his research and program implementation contributions from many agencies including the Indian Council for Medical Research.

Dr. Pavitra Mohan
Basic Healthcare Services

Dr Pavitra Mohan graduated in Medicine and Surgery, and following a residency program in Pediatrics, earned a Doctor in Medicine from University of Delhi. He also earned a Masters of Public Health from University of North Carolina at Chapel Hill. He has earlier served as faculty of Paediatrics at Udaipur Medical College, coordinated research and child health programs at ARTH, a not-for-profit organization and worked as a Seni or Health Specialist at UNICEF India Country Office.

He has worked and contributed extensively to the field of newborn and child health, equity in health care and in Human resources for health in India. For his contribution to the field of neonatal health, he was awarded Fellowship by National Neonatology Forum of India.

In 2012, he founded Basic Health Care Services, a not-for-profit organization to promote models of high quality, low-cost primary care health services in underserved areas. Since January 2013, he also leads the Health Services portfolio at Aajeevika Bureau, setting up models of primary healthcare for the migrants. He has published in reputed journals on issues related to equity in health care and human resources in healthcare. He is also the recipient of the Ashoka Fellowship in 2019.

Dr. Evita Fernandez
Fernandez Foundation

Dr. Evita Fernandez, a reputed and respected obstetrician with three decades of experience, is a Fellow of the Royal College of Obstetricians and Gynaecologists, London. She is also the Managing Trustee of the Fernandez Hospital Educational & Research Foundation that works with Fernandez Hospital. She strongly believes in empowering women to make choices, about issues surrounding birth. As the Chairperson of the 70-year old Fernandez Hospital her primary focus is on women, to the extent that 80% of the staff is female. She personally ensures the woman-centric care provided at all five hospital units is based on respect, kindness and compassion. A prolific speaker, she has received several awards for her efforts in enhancing quality care to women of all age groups.

Dr. Evita set up the Fernandez School of Nursing in 2005 and in 2008 offered free education to tribal girls from across the country who with help of State scholarships completed their Diploma in Nursing. In 2011, she launched the Professional Midwifery Education and Training Programme which initiated the campaign PROMISE (PROfessional MIdwifery SErvices) – committed to creating a national cadre of professional midwives, vital to the care and delivery of low-risk pregnant women. Fernandez Hospital is now recognized as a national training institute for midwifery educators.

Mr. Anas Wajid
Max Healthcare Institute Ltd.

Mr. Anas Wajid, Senior Director and Chief Sales and Marketing Officer, is responsible for spearheading all Brand, Marketing and Sales activities at Max Healthcare to achieve its vision of being the 'most admired healthcare company in the country'.

He has more than 17 years of experience in diverse fields such as advertising, retail, healthcare and media. In the healthcare space, he has worked at Apollo Hospitals, Max Healthcare, Artemis Health Institute and most recently at Fortis Healthcare Ltd. Anas has earlier been part of the Hindustan Times group as well, as the National Sales Head for its radio division, Fever 104.

In his 3 years stint at Fever 104, Anas oversaw rapid growth in the sales of the organization. In his previous assignment at Fortis Healthcare Ltd. as the Chief of Sales and Marketing for the group, Anas had been instrumental in driving innovative initiatives in the area of Marketing Communications, Domestic and International Sales. Anas holds an Engineering degree from the National Institute of Technology, Raipur and has a post-graduate degree in Marketing from the Aligarh Muslim University, Aligarh.

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