Index

Knowledge Bank

FOREWORD

It gives me immense pleasure to present the commemorative issue of the Symbiosis Health Times. This journal is one of the periodicals of the Symbiosis Centre of Health Care that publishes articles, which are related to the Health Care sector and to the various subsectors like IT, Pharma, Health Insurance, NGO's, Hospital, Fitness, Medico legal, Medical technology etc.

Healthcare is a complex & multidimensional issue. It is a service provided by a coordinated and committed group of professional people. Healthcare services are being provided as team effort basically aimed at relieving pain and sufferings of the customers so called as 'patient'.

Symbiosis Health Times thus covers a gamut of topics ranging from Management Issues in the Health Care Sector especially Hospitals, Lifestyle & Health , Biosimilars, HR challenges in Health Sector, Parkway Merger & Acquisition, Superbug: Its Effect on Indian Medical Tourism etc.

An interesting and useful addition is the “Knowledge Bank”, wherein we have complied articles on important and current issues.

I believe that this issue will enlighten all of you and give you an insight on the topics covered in it.

Happy reading.

Dr. Rajiv Yeravdekar
Director, Symbiosis Centre of Health Care.

FROM THE EDITORS DESK

Dear Reader,

It is a great pleasure to release September 2010 issue of Symbiosis Health Times. In this issue , authors from various fields including public health, pharma industry, academician and even the budding professionals have contributed their articles.

An article on 'Biosimilar ' raises issue whether Biosimilar products are having advantages over traditional Pharmaceuticals products. “Lifestyle & Health” focuses about concepts of lifestyle & various factors affecting lifestyle, article “Human Resource Challenges in Health Care” discusses various Issues like International Human Resource Management fraternity, an article written in respect of mergers & acquisitions deals with very famous transaction i.e. mergers & acquisitions of Health Care organisation called as parkway. The article on “ Superbug : its effect on Indian Medical Tourism”, gave in-depth analysis of the NDM-1 with respect to Indian scenario and what should be done to reduce abuse of antibiotics.

We have included a 'Knowledge Bank' section, which is primarily a section where views, recent trends on some subjects & its effects on growing Health Care sector are being discussed. These issues are like Punjab to spend ₹ 342 crores on Healthcare facilities, Now doctors can read ECG reports on their mobile, Regulatory checks on medical devices, Biomedical waste seized from Ahmedabad godown, Need to amend PNDT Act, Govt. to spend ₹ 1,231 crores to promote healthy life style and many more…….

I hope this issue of Symbiosis Health Times will enrich your knowledge about Health sector

Best wishes,

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Lifestyle and Health

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Introduction:

Good health is cherished goal of every individual. It is a basic personal & social need for all. World Health Organisation has defined health as follows:-

"Health is a state of complete physical, mental & social well being , and not merely an absence of disease or infirmity" [1]

Health continues to be neglected in day to day life until it is lost. At the individual level, health seems to occupy a secondary place. Other needs like ambition, wealth, power, and prestige are viewed as more important. These needs are no doubt important, but they cannot be fully enjoyed unless one is healthy. Good health is needed to perform ones' duties efficiently.

Indian sages have stressed the importance of health:

(A Healthy Body is the Primary instrument for all Attainments)

In twentieth century science & technology progressed enormously and significant advances have been made in the fields of prevention, treatment of disease, and rehabilitation . Many of the communicable diseases have been controlled and can be prevented .Small pox has been eradicated from the Earth. Many of the developed countries are already coming closer to the eradication of poliomyelitis and measles. In India, incidence of these diseases has declined. Life expectancy in India has increased, but the incidence of non-communicable diseases seem to be on the rise e.g. hypertension , ischaemic heart diseases, different types of cancers, accidents ,diabetes mellitus, obesity etc. Morbidity and mortality due to these diseases seem to be increasing all over the world. Most of these diseases are usually classified as life style related diseases.

Hence, man is viewed today as an "agent" of his own disease .His state of health is determined more by what he does to himself than what outside factors do to him. For example. major cause of cancer of the lung has been established to be tobacco smoking[2.]

As most of the chronic non- communicable diseases are due to lifestyle, the health professionals have rediscovered the importance of the role of lifestyle in health.

Lifestyle of the Homo sapiens has been always in the state of flux. When the man lived in caves, his diet was mostly of roots, tubers and raw meat of animals which he used to hunt, his clothes were made of skins of animals or the barks of the tree. He used his legs for travelling. Then the man discovered fire and invented the wheel. He started cultivating the land and domesticating animals. Use of carts made his travels easy .His diet changed .Because of the industrial revolution & urbanisation , the changes in lifestyle were well marked. Mechanisation made the life style of the man sedentary .Use of soft and refined food increased. Pressures & tensions of modern life especially in metros and cities made him vulnerable to many diseases. Modern Telecommunication techniques and information technology have made many changes in his behaviour e.g. watching televisions for hours together made the man sedentary & cultures of different nations intermingled very quickly .This changing lifestyle has made man vulnerable to many health problem.

Concept of Lifestyle:

World Health Organisations has conceptualized lifestyle as follows:-

"Life style is rather a diffuse concept often used to denote" the way people live" reflecting the whole ranges of social values, attitudes and activities. It is composed of cultural and behavioural patterns and lifelong personal habits e.g. smoking ,alcoholism that have developed through the process of socialization. Lifestyles are learnt through social interaction with parents, peer groups, friends and siblings and through schools and mass media. Lifestyles vary from culture to culture and in a given culture from time to time"[3]

There are also few other concepts of life style:

- Hippocrates in 6th Century BC observed : Whoever wishes to study medicine ,well should proceed thus - in the first place to consider the season of the year- the waters-the ground and the mode in which inhabitants live and what are their pursuits , whether they are fond of eating and drinking to excess and given to sedentary living , or are fond of exercise or labour.[4,5]
- It is what we do hour by hour, day by day, that largely determines the state of our health , whether we get sick, what we get sick with , and perhaps when we die.[6]
- Rene Dubos says to ward of disease or recover health , men as a rule find it easier to depend on healers than to attempt more difficult task of living wisely[6]

A 1965 , general population survey in Almeda country California, identified seven personal habits; exercising at least moderately, drinking alcohol moderately if at all, eating moderately, that is maintaining optimal weight, eating regularly, eating breakfast, not smoking cigarettes, and sleeping 7-8 hours regularly to be strongly associated with health. At every age, from 20-70 years persons who followed all seven of these habits had better physical health status than those who followed six, six better than five, five better than four, four netter than three, three better than two or fewer .[7]

Life style is not a new concept. Ayurveda texts are replete with the concept of lifestyle. Daily routine(Din Charya) & seasonal routine(Rutu Charaya) have been mentioned in detail in Ayurveda.

Ayurveda stressed aachar (conduct or character) vichar (thought),Vyavahaar(inter Personal dealings), aahar (Nutrition) and vyayam(exercise) as the fundamental principles of positive health & longevity [4.]

In developing countries such as India, where traditional lifestyles still persist, risk of illness & death is connected with lack of sanitation, poor nutrition, lack of personal hygiene, unhealthy human habits, customs & cultural patterns.

It may be noted that not all lifestyles are harmful. There are many that actually promote health, e.g. adequate nutrition, enough sleep, sufficient physical activities etc.[2]

Cigarette smoking, consumption of alcohol, excessive calorie intake, reduced physical activity and such other things are harmful lifestyles.

Life style can be divided in to two sets of behaviours .

1) Those which are primarily personal or individual
2) Those which are primarily social or collective in nature [7]

Factors affecting lifestyle:

There are various kinds of factors determining the shaping of lifestyle [6]
These are:-

1) Demographic, individual & societal factors.
2) Family related factors.
3) Cultural factors.
4) Mental & emotional factors etc.

Individual lifestyle is, however often viewed as if the behaviour of the individual is entirely volitional. In the case of mental & emotional factors, it is likely that lifestyle affected by stress are not always volitional in their truest sense but socially created, thereby rendering them almost unavoidable & relatively inaccessible to change.

These habits, of course do not develop in vacuum. The extent to which a person acquires a habit depends on circumstances, such as advertising of the product,, prices and peer pressure. However social policies affecting such matters become an important issue for public health.[2]

A second aspect of lifestyle which is significantly associated with health, is it's relationship to

the social networks, Considerable evidence shows links health to marital status, degree of closeness to friends, relationships & social group involvement.

The lifestyles are also often shaped by political events, war, communal tensions, migration, natural disaster, epidemics etc.

There are many lifestyle related problems, specially those that are of special concern to youth. More than any other age groups, young people especially adolescents, face profound physical, psychological & social upheavals in their live, all of which have bearing on how they live, and what values they imbibe. These have a great bearing on their health & wellbeing now and in the future. But youth generally fail to recognise this because on the face of it, young people tend to be better endowed with health than any other segment in the population .They have survived the rigours of infancy & early childhood ,but they may have very substantial health problem, largely due to their lifestyle & risk taking behaviours.[8]

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Biosimilars
The Current Wave in the Indian Pharmaceutical Industry

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Preamble

Biologics represent breakthrough drug therapies that are changing the pharmaceutical industry. Accounting for nearly 20 % of global drug sales, biologics are a critical area for investment for the industry. The growth-rate for biologics is projected to increase at double-digit level, in sharp contrast to the declining rates for chemically derived, small molecular weight ("small molecule") drugs, which comprise the historic franchise of large pharmaceutical companies. In addition, a relatively small number of currently licensed biologics comprise a major chunk of the market. However, the impending patent expiry of many leading products has created a number of highly attractive market opportunities for biosimilars. To utilize this significant potential, a complex route to the market must first be negotiated, including numerous barriers to entry and regulatory hurdles. Among major obstacles are the sizeable investments in time and expertise associated with biosimilars development, besides the fundamentally higher levels of cost and risk incurred by manufacturers. Though legislative restraints in the USA and a recently established regulatory framework in the EU have contributed to industrial obstructiveness, but for those developers who persevere, biosimilars are set to offer lucrative returns. Also, many companies have adopted a movement towards contract research and manufacturing services as forecasting the current and prospective scenario.

What are Biosimilar drugs?

Bio-similars is the term used to describe officially approved subsequent versions of innovator biopharma ceuticalproducts. They are 'similar', but not identical versions of the genetically engineered biological products manufactured by the innovator biopharmaceutical companies. Biosimilar products are also referred to as 'follow-on biologics' and 'Biogenerics'. The Food and Drug Administration (FDA) uses the term 'Follow-on proteins' for proteins and peptide products that are intended to be sufficiently similar to a product already approved.' Recombinant DNA products like hormones, thrombolytic agents, growth factors, interferon's, interleukins and therapeutic monoclonal antibodies are the broad categories of products classified under the umbrella term- biosimilars.

What is the difference between traditional pharmaceutical products and Biosimilars?

Traditional pharmaceutical products, generics are easily developed and gain market approval through an abridged procedure, demonstrating physicochemical similarity and

bioequivalence by Pharmacokinetic and Pharmacodynamic studies in normal volunteer. This concept of generic drug cannot be applied to biopharmaceuticals due to the difficulty in developing equivalent agents for complex protein molecule. Thus, use of the same cell-line, gene, and similar production, purification and formulation processes does not guarantee that the product will be equivalent to the original compound. Dr. Binita S. Tunga, Sr.Scientist, Intas Biopharmaceticals Ltd. (IBPL), Ahmedabad, says "It will take a much bigger effort to develop a biosimilar than a generic drug and in a situation where resources are scarce and patents are fast expiring; an effective product planning is paramount to ensuring the success of an organization. India has an excellent R&D foundation and a capable workforce, which makes its biosimilars attractive products for the Indian and European markets in a timely and cost-efficient manner."

	Innovator (Biotech)	**Biosimilar**	**Generics**
R&D time	8 years	3-4 years	< 3 years
R&D cost	> $ 600 mn	$ 10 mn - 40 mn	$ 2 mn -3 mn
Pharmacovigilance	High	High	Low
Manufacturing cost	~ 15 %	7 % -10 %	~3 %
PCS and CT time	7 years	2 years	< 1 year
Approval time	~ 15 months	~ 6 - 8 months	3 months
		Expected Discount on list price is 10 %– 30 % less	**Discount on list price up to 80 %**

Note-PCS-Pre-clinical studies and CT- clinical trials

The bridge of acceptability and affordability in India[1]…

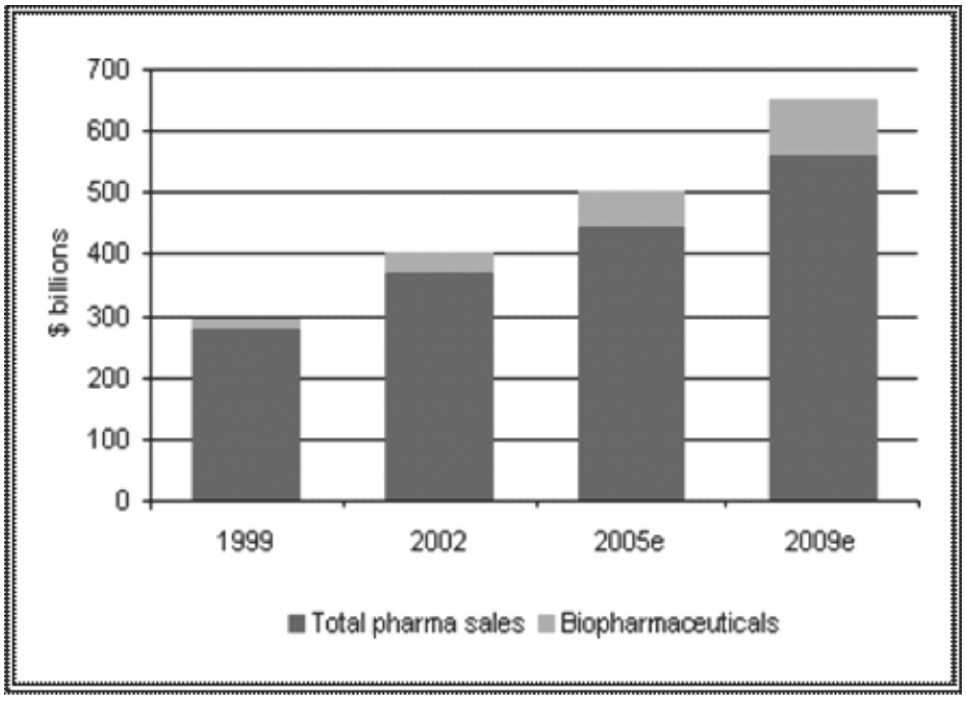
The key to acceptability lies in the answer to the question; Will physicians and patients accept a follow-on biological that is Made-in-India? The answer to this question is YES.

Interchangeability and substitution amongst brands have been observed among medical doctors and hospitals prescribing Biosimilars, demonstrating that the Biosimilars have established a good reputation among healthcare professionals. Sachin Sharma, Sr. Research Associate, Intas Biopharmaceuticals Ltd. Says "Most of Indian companies are working on pre 1995 products as there is no product patent legislation at that time in India. Since most of these products get underway in market by one or the other biosimilar company, the companies need to think about products which are still under patent term. So, the current focus of biosimilar companies enthused on glyco-engineering as well as non-infringing formulation strategies to avoid patent infringement issues. This approach can also be exploited by having patents on new process or formulation."

In recent years, focus of the Pharmaceutical sector in India is directed more towards development of Biosimilars; this is primarily because of Biosimilar requiring much lower R&D expenditure and time compared to that of Innovator (see Table 1). The lower price of biosimilar

compared to that of originator drug remains one of the key marketing forces. The advantage of a slightly cheaper price may be outweighed by the hypothetical increased risk of side-effects from biosimilar molecules that are not exact copies of their originators. Though there have been no reports of any major disasters associated with biosimilars so far. The regulation of biosimilar in India is governed by Institutional Biosafety Committee (IBSC), Review Committee on Genetic Manipulation (RCGM), DCGI (Drug Controller General of India) and Genetic Engineering Approval Committee (GEAC).

Biopharmaceuticals' share of global prescription sales[2]



Indian biotech companies are set to dominate the global biogeneric business which is estimated to reach $19.4 billion by 2014. Biocon, Dr. Reddy's, Intas Biopharma, Ranbaxy, Reliance Life Sciences and Wockhardt along with LG Life Sciences, Sandoz and Teva will emerge as the key players in the sector, reads the report titled as Biosimilars (2009-2014) from Markets and Markets. Noticeably, by 2014, according to a report, the USA will have overtaken Asia as the dominant market. The global biosimilar market will grow at compound annual growth-rate (CAGR) of 89.1 % from 2009 to 2014. As evidenced by these examples alone, generic competition for biotech pharmaceuticals has the potential to offer consumers substantial savings, along with lowering healthcare bill as well3. Some of the blockbuster biosimilar drugs capturing the market are as follows;

Sr.No	Brand Name	Disease/ Medical Use
1	Aranesp (darbepoetin alfa)	Anemia
2	Enbrel (Etanercept/ TNF Blocker)	Various forms of arthritis/Autoimmune Inflammatory
3	Epogen (Epoetin)	Anemia
4	Neulasta (PEG Granulocyte -Colony Stimulating Factor)	Neutropenia
5	Neupogen (Granulocyte -Colony Stimulating Factor)	Neutropenia
6	Intron A (Interferon alpha)	Hepatitis B and Hepatitis C
7	Betaseron (Interferon beta)	Multiple Sclerosis
8	Nutropin (Human Growth Hormone)	Turner Syndrome, Intrauterine Growth Retardation, and Severe Idiopathic Short Stature
9	Humulin R (Recombinant Human Insulin)	Diabetes
10	Forteo (Recombinant Human Parathyroid hormone)	Osteoporosis

Why need for biosimilar rather than a new drug and the market acceptance?

The development of a novel biological drug not only has the complexities of the technology to produce the drug, but it also requires a lengthy process to determine dosage level, efficacy, safety and long-term effects. Additionally, the creation of market acceptance over the existing drugs and therapies, and the potential market size, is not always well defined. Typical time-frames from discovery to commercialization can be from 10 to 14 years. Finally, less than 1 % of drugs in the pre-clinical development stage make it through to the market. The cost incurred is prohibitive and the risk very high4 (see-Table 1).

THE NEW TREND IN BIOPHARMACEUTICAL SECTOR

- Biobetter: Biobetter made a good thing even better. Strategy for making Biobetter is a step-wise approach undertaken to develop a better quality biological medicinal product as compared to Innovator's product. First generation compounds such as insulin and recombinant forms of growth hormone came in the market as biosimilars. The impact on the industry is undeniable but long-term success will require the ability to create products

that are differentiated from the competing biosimilars. These newer products (Biobetter) offer benefits over the first-generation products that current biosimilars simply attempt to imitate. Now, Biosimilar companies have also started to formulate strategies for developing biobetters that have much long lasting ability, more efficacious and less immunogenic than innovator's product. And these Biobetters are likely to be accepted more readily by end-users, and could match or even exceed originator products in terms of revenue-earning potential e.g. Thermostable formulation.

- The contract research organizations (CROs) are the service organization that provides support to the pharmaceutical industries. Several factors have driven outsourcing of biotechnology operations to contract manufacturing organizations (CMOs). Many generic manufacturers of small-molecule drugs are expanding to include the promising area of biopharmaceuticals. Since manufacturing biologics requires different processes and quality controls than traditional pharmaceuticals, outsourcing is a financially prudent strategy. Also, small biotechnology companies do not have the in-house capacity to conduct clinical trials and to market the product due to a lack of infrastructure, resources, and expertise needed for successful product manufacture. Therefore, notwithstanding technical and cost related hurdles, the CMO industry is likely to witness a strong growth in the near future due to a strong biologics and emerging generic biologics pipeline.

Conclusion:-

Biosimilars will become an important part of the future healthcare landscape in Indian market, with flexible pricing strategies. An appropriate defense strategy by the companies will focus on differentiated next-generation products and make the first-generation off-patent products obsolete, e.g. PEGylated Interferon which have largely taken over the market from interferon alfa products, and PEGylated G-CSF or long-acting epoetins which may replace the first-generation unmodified products. In this context, it has also been considered that competition in future indeed might not primarily be between innovators and price-cutting copiers, but rather with second-generation biopharmaceuticals based on improved formulation or delivery systems, or derivatized biologics with improved performance.

Thus the ultimate benefit of the emergence of biosimilars, in the end, may be in stimulating innovative research resulting in new options to treat serious diseases. It will be essential that the regulations introduced in various parts of the world do not hinder, but promote pharmaceutical innovation to the benefit of patients, healthcare systems, and industry.

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The human resource challenges, hopes and solutions in health care sector in India

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Old and new challenges threaten the human resources (HR) responsible for health care planning and delivery in health systems. Among the old challenges, low pay and staff motivation, unequal and inequitable distribution of the health workforce, and poor staff performance and accountability remain key obstacles to health sector development. Among the new challenges, qualified staff move more freely among countries, and even countries that can train and produce large numbers of health workers are unable to retain them. Absenteeism, attrition and a significant increase in workload are afresh agonies to the HR fraternity.

The discourse of human resources being the most important asset of any health system has often been in sharp contrast with the amount of attention or the volume of resources that would be required to develop institutional capacity and to address deep-rooted problems in the human resource domain. This is not really surprising given the political and social sensitivities involved in tackling HR issues.

Effective coverage is determined by the ability of the health sector to attract staff both into training in the first place and subsequently into the health service. The challenge is then to ensure an equitable distribution of health professionals – both geographically and in the different areas of health care, and that they are adequately retained. Attracting staff into training and into the health service is strongly related to the levels of pay, to the social status accorded to the newly trained professionals and to the availability of jobs. Equitable distribution of health professionals and their retention is in turn related to the prospects of career progression and the incentive packages associated with the posts.

To ensure both effectiveness and value for money, types of staff that are most appropriate for the service delivery strategy of each country should be used, and the service delivery strategy should be related to the levels of public sector expenditure. For example, the financial and technical feasibility of attempts to attract doctors to small, remote health facilities in India should be balanced against, say, recruiting more, better trained Auxiliary Nurse Midwives and offer them a more attractive reward package (such as remote area allowances).

The skill mix of health personnel was often inadequate to meet the needs of the communities, and highly qualified staff often performed tasks that could be conducted by less-trained providers. The health systems of the region were characterized by an excess number of

medical specialists and insufficient numbers of other professionals such as primary care providers, nurses, pharmacists, public health specialists, epidemiologists, health economists, accountants, social workers, administrators, communication experts, planners, health educators, nutritionists, physical therapists and sanitary engineers. There is an over-concentration of qualified health personnel in hospitals and urban centers, coupled with shortages in poor rural areas(e.g. 60 % of all medical graduates in Maharashtra are located in Mumbai, where no more than 11 % of the state's population lives! Similarly, 84 % of hospital beds are today located in urban areas, whereas 75 % of the population still resides in villages. This selective concentration of health care providers is a major concern to be addressed, especially since studies have shown that those living in rural areas spend about as much on health care as those in towns.)

Lets take some lessons from INTERNATIONAL HRM fraternity

International HRM places greater emphasis on a number of responsibilities and functions such as relocation, orientation and translation services to help employees adapt to a new and different environment outside their own country.

- Selection of employees requires careful evaluation of the personal characteristics of the candidate and his/her spouse.
- Training and development extends beyond information and orientation training to include sensitivity training and field experiences that will enable the manager to understand cultural differences better. Managers need to be protected from career development risks, re-entry problems and culture shock.
- To balance the pros and cons of home country and host country evaluations, performance evaluations should combine the two sources of appraisal information. (As there is great migration of doctors and nurses from India to the UK and the USA)
- Compensation systems should support the overall strategic intent of the organization but should be customized for local conditions.

HR Managers of health sector should do the following things to ensure success-

- Use workforce skills and abilities in order to exploit environmental opportunities and neutralize threats.
- Employ innovative reward plans that recognize employee contributions and grant enhancements.
- Indulge in continuous quality improvement through TQM and HR contributions like training, development, counseling, etc
- Utilize people with distinctive capabilities to create unsurpassed competence in an area,
- Decentralize operations and rely on self-managed teams to deliver goods in difficult times e.g. Motorola is famous for short product development cycles. It has quickly commercialized ideas from its research labs.

HR Managers of health sector today should focus attention on the following

a) Policies-
HR policies based on trust, openness, equity and consensus.

b) Motivation-
Create conditions in which people are willing to work with zeal, initiative and enthusiasm; make people feel like winners.

c) Relations-
Fair treatment of people and prompt redress of grievances would pave the way for healthy work-place relations.

d) Change agent-
Prepare workers to accept technological changes by clarifying doubts.

e) Quality Consciousness-
Commitment to quality in all aspects of personnel administration will ensure success.

Due to the new challenges in Indian Health care HR, in a nutshell the HR manager should treat people as resources, reward them equitably, and integrate their aspirations with corporate goals through suitable HR policies. With all this I hope HR manager can overcome the challenges in health sector in India.

Parkway: An unsuccessful acquisition attempt

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Mergers and acquisitions refers to the aspect of corporate strategy, corporate finance and management dealing with the buying, selling and combining of different companies that can aid, finance, or help a growing company in a given industry grow rapidly without having to create another business entity. These can be deals worth hundreds of millions, or even billions, of dollars and can dictate the fortunes of the companies involved for years to come. Mergers and Acquisitions mean a lot to the investors as well. Fortis-Khazanah tussle over acquiring Parkway group of hospitals is one such recent example in healthcare industry.

In the mid of December 2009 a news flashed about the largest overseas deal in healthcare that Fortis Healthcare of India will acquire nearly 24% "strategic" stake in Singapore-based healthcare group, Parkway Holdings from TPG Capital (formerly Texas Pacific Group), in an off-market deal, estimated to be around $685.3 million. Almost immediately afterwards, Mr. Malvinder Singh, Chairperson, Fortis Healthcare announced that he would be the new chairman of parkway holdings, The Company that owns the parkway hospitals. And the four members on the board that TPG had would be replaced by his nominees.

However just a after some time, Khazanah Nasional, which also owns about 24% in parkway holdings, made an open offer to acquire additional shares to reach a 51.5% stake and wrest management control of the company.

As per the Singapore Industry Council (SIC) rules, Fortis would have to go for 74.6% more stake(to bid for 100% of the company) if they wished to override the Khazanah open offer. This was because Fortis initial equity purchase in parkway was less than six months ago. After that the bidding contest will compulsory involve the full 100% of the company's shares.
The SIC gave the Fortis 3 weeks time after the closing of the open offer. This gave the Fortis lot of time to think what they want to do after it becomes whether or not Khazanah has succeeded in obtaining the prerequisite number of shares through their open offer.

The Fortis group now had the following options in hand:

- ✓ Could retain their 25 % of the share, even if, Khazanah holds another 51.5% and negotiate with the board for suitable representation.
- ✓ Could sell their stake to Khazanah or to even private equity player for a decent profit.

Another issue that stood in front of Fortis group was to persuade that Parkway Shareholders not to accept the Khazanah open offer. The argument they gave was that parkway as a

company would fare much better under the guidance of Fortis because latter has gathered wide experience in managing the hospitals in India as well as abroad, while Khazanah is only a strategic investor with neither the capability nor the intentions of operating hospitals on their own.

The argument by Khazanah was that they have an interest in medical education apart from hospitals, and that if they can wrest control of the parkway group they would become the largest healthcare provider in Asia.

Assuming that the Khazanah offer had not succeeded and the Fortis decided to counter the bid, they would have required approximately $2.3 billion to acquire the entire share holding of Parkway.

In such a scenario, however, it was known that they obtained the consent of their own board to raise fresh capital of $585 million and raise loans upto the maximum of $1.3 billion dollars. The loans upto the amount of $2 billion was assured by consortium of banks like ICICI bank, State bank of India, Axis Bank and Yes bank.

This tussle over Parkway by Fortis and Khazanah had a **huge impact on the Fortis healthcare share market** as well. The events in Fortis-parkway tussle started around December end 2009. The Fortis healthcare share price at that time was around Rs. 120. With the growing negotiations between Parkway group of hospitals and Fortis Healthcare, the all the time share price also increased subsequently, thus giving good opportunity for the Fortis shareholders to sell off their shares at a delightful profit. The share prices were at their peak during the month of April 2010. During mid-July Khazanah won the battle for parkway and Fortis withdrew from this deal. At that point of time it was observed that Fortis share prices went down by approximately Rs. 20. Thus the ongoing Acquisition attempt by Fortis and Khazanah gave enough time to cash out for the shareholders of Fortis.

WHY FORTIS HEALTHCARE HAD AN EYE OVER THIS ACQUISITION?

Fortis had an ambition to strengthen their brand at a global level. First step in this strategy was to penetrate the Indian market, which they did through Fortis Healthcare and Fortis Hospitals. The next step was to establish a footprint in Asia and this was planned through the acquisition of Parkway. This would have given them a strong platform to leverage their partnership to position themselves for the next phase of growth outside Asia.

This acquisition would have given them a combined market cap between Fortis and Parkway of about USD 5 billion.

This combined two distinct competitors in medical tourism, the cut-price surgery of India and the more expensive high-tech approach of Singapore.

The acquisition of Parkway gave Fortis a springboard for international expansion. This was the company's fourth acquisition after Malar Hospitals, Escorts Heart Institute and Wockhardt Hospitals. Though it did not acquire a majority stake but being the largest shareholder in Parkway helped Fortis to take management control.

The Fortis management had a belief that the Indian operations will benefit from the skill sets, technology and capability of Parkway in addition to the opportunity of healthcare tourism market in the region

Fortis could have exchanged patients based on complexity of healthcare needed as well as affordability.

This deal would have made Fortis a leading player in Asia, with a network of 62 hospitals and 10,000-plus beds, giving them a Pan-Asia platform.

The practice of mergers and acquisitions has attained considerable significance in the contemporary corporate scenario which is broadly used for reorganizing the business entities. Indian industries were exposed to plethora of challenges both nationally and internationally, since the introduction of Indian economic reform in 1991. The cut-throat competition in international market compelled the Indian firms to opt for mergers and acquisitions strategies, making it a vital premeditated option.

Fortis healthcare is one of the examples in this league. Fortis aims to be one of the largest health care providers in Asia and this led Fortis to take a step towards acquiring 23.9% stake in Singapore based parkway holdings, which run a chain of 16 hospitals in Singapore and Malaysia.

Every merger and acquisition requires in-depth strategy for success in their field. Same way Fortis healthcare had their own **strategy for acquiring parkway group of hospitals.**

Fortis chose Parkway Group of Hospitals as their target company for Acquisition. The reason being as follows:

- ✓ Singapore is renowned as an international medical hub for high-quality healthcare services, with access to a ready pool of experienced nursing staff, specialist medical practitioners and the latest medical technologies and treatments
- ✓ Parkway's strong presence in Malaysia with the Pantai Group of Hospitals

To conclude the struggle between Fortis-Khazanah for acquiring Singapore based parkway group of hospitals was even though a failed attempt but an excellent example of how an organization uses the model for horizontal integration for its expansion.

Fortis took a strategic decision of identifying “Parkway Group of Hospitals” as their target organization. This deal would have opened new domains for medical tourism of Fortis Healthcare as well.

For this acquisition Fortis Healthcare gradually increased their stakes and became the largest stakeholder in parkway holdings but later on they withdrew themselves from this struggle by not counter-bidding Khazanah's offer. Even though this step by the top management of Fortis Healthcare was not appreciated by some it earned Fortis a whooping S$116.7 million profit and Fortis has decided to use this money for similar opportunities in this region.

In fact if this deal is win for some, it can not be seen as a lose for Fortis because healthcare has a tremendous bandwidth both within the country and the Association of South East Asian Nations (ASEAN) region and Fortis is now in a position to grab this opportunity.

Fortis Healthcare Limited is also evaluating options to put up green field projects internationally and with this profit money, it does not look like a far fetched dream. At the end of the day Fortis took an economic call rather than emotional call on the assets they wanted to own.

Superbug: Its Effect on Indian Medical Tourism

Dr. Amit Murarka
Student, MBA-HHC, SIHS

Recently there was news all over mentioning about a new superbug from India that could spread around the world – in part because of medical tourism – and scientists said there were almost no drugs to treat it.Though the study is of a very high scientific calibre, the way it was publicized by Lancet and by a portion of western media is being criticized. It is almost like these media houses are just trying to gain some attention and publicity through writing something sensational.

This news was in reference to a study published in The Lancet Infectious Diseases journal by Dr. Timothy Walsh's team who found a new gene called New Delhi metallo-beta-lactamase, or NDM-1 in bacteria samples from hospital patients in two places in India, Chennai and Haryana, and from patients referred to Britain's national reference laboratory from 2007 to 2009. They found 44 NDM-1-positive bacteria in Chennai, 26 in Haryana, 37 in Britain, and 73 in other sites in Bangladesh, India and Pakistan. Several of the British NDM-1 positive patients had travelled recently to India or Pakistan for hospital treatment, including cosmetic surgery.NDM-1 was mostly found among Escherichia coli (36) and Klebsiellapneumoniae (111), which were highly resistant to all antibiotics except to tigecycline and colistin.

Walsh, a medical professor at Cardiff University in Wales, first identified NDM-1 after a Swedish man hospitalized and treated unsuccessfully in India for pneumonia and E.Coli returned home with the antibiotic-resistant bacteria. Upon investigation, Professor Walsh and his researchers discovered both bacteria were carrying a common gene (NDM-1), an enzyme highly resistant to carbapenems, a class of the drugs reserved for emergency use and to treat infections caused by other multi-resistant bugs like MRSA and C-Difficile. Experts say there are no new drugs on the horizon to tackle it. The gene was showing multi-drug resistance which could potentially create a “major global health problem.

The study was funded by the European Union, the Wellcome Trust - a charity that sponsors medical research - and Wyeth, a pharmaceutical company that is now part of Pfizer Incorporated.

Though it has led to allegations of a 'Western plot' to undermine medical tourism in India, the first formal documentation of NDM-1 — dubbed the 'superbug' because of it being resistant to most antibiotics — was done by the P.D. Hinduja National Hospital and Medical Research Centre in Mumbai last year. The study was published in the Journal of the Association of Physicians in India (JAPI) in March 2010, with an accompanying editorial on the “worrisome”

outcome calling for an end to the indiscriminate use of antibiotics.

The bacterium was identified in 2008, but it was given an official identity in December 2009. As a standard practice bacteria are named after the place they are believed to have originated from. In this case, it was New Delhi.

The first known fatality of NDM-1was a Belgian man who died in June after becoming infected while hospitalized after being involved in a car accident during a trip to Pakistan. Colistin, a powerful antibiotic, was unable to thwart the infection.

The most immediate and likely threat posed by this media coverage is to the fast growing medical tourism in South Asia. That is, if there was no effective response by the countries of South Asia, and India in particular, which are experiencing a medical tourism boom, with new five-star hospitals offering everything from facelifts to fertility treatments and open-heart surgery at half the price of western Europe.

The report called for “co-ordinated international surveillance” to prevent the superbugs' spread.

The Global Problem:

With more people travelling to find less costly medical treatments, particularly for procedures such as cosmetic surgery, the new superbug could soon spread across the globe. Several media reports indicate that patients contracted the bacterial gene after undergoing medical treatment in hospitals on the Indian subcontinent, a popular destination for patients requiring procedures such as bone marrow transplants, dialysis, and cosmetic surgery.

NDM-1 superbug cases in India & UK

USA Opinion

US health officials said there had been few cases so far in the United States – all from patients who received recent medical care in India, where people often travel in search of affordable healthcare.

Pharmaceutical companies' Interest

For many years, antibiotic research has been a "Cinderella" sector of the pharmaceuticals industry, reflecting a mismatch between the scientific difficulty of finding treatments and the modest sales such products are likely to generate, since new drugs are typically saved only for the sickest patients. But the increasing threat from superbugs is encouraging a rethink at the few large drug makers still hunting for new antibiotics, including Pfizer, Merck, AstraZeneca, GlaxoSmithKline and Novartis.

Wyeth, one of the three sponsors responded by saying that the company had no role in the study design, data collection, data analysis, data interpretation or writing of the report. It was just one of the three funders, along with the EU and the Wellcome Trust.

Whatever the outcome of this new episode apparently aimed at scare mongering, questions need to be asked about the role played by the international medical establishment dominated by pharmaceutical interests and global health agencies like the World Health Organisation. Memories are still fresh with the fallacy of threat of a global endemic of swine flu created by the collusion between WHO and big pharmaceutical companies. Much has already been written about the details of the fallacy of this pandemic, which never was, that resulted in a profit of $7-$10 billion to vaccine manufacturers.

Indian Scenario

In India we go to a facility that may or may not be accredited, we don't know about the standards of accreditation – which is about infection control, nursing care, proper equipment in the hospital, backup systems – processes that we just take for granted in this country.Although hospitals may be good, people must be aware that the spread of infectious diseases can easily occur if proper hygiene measures are not observed.

Effect on India's Medical tourism

India is fast emerging as a global medical healthcare destination because of its world-class medical facilities which are manned by highly qualified doctors and paramedics. An estimated 500,000 foreigners travel to India each year for surgical procedures like spinal, cosmetic and other elective surgeries. Tourists come here for treatment that have lengthy waits for treatment under state-run health schemes in their own countries as well as for procedures that have not been approved elsewhere.

The revenue is expected to be over $2.3 billion by 2012. Visitors pay for package deals which include the treatment and post-surgery resort lodging, rest and recreation. Treatments in India

are almost 75 per cent cheaper. A dental implant costs at least 75 per cent less in India as compared to the US. An MRI costs about $60 in India and about $700 in the US. An open-heart surgery will cost just $4,500 in India as compared to $18,000 in the US. Cranio-facial surgery or a hip replacement costs about $4300 in an Indian hospital, while it may cost upwards of $13,000 in America. A kidney transplant can cost just 500 euros, while it may cost you about 8,500 euros in Britain."

Regardless of how bad NDM-1 actually turns out to be, the bottom-line is that it is going to make a dent in public perception about the safety and hazards of medical tourism.Tamil Nadu probably will take the biggest beating as its capital has been the city that hosts maximum number of medical visas. The average number of medical visa cases that Chennai receives a month is 600, which is double the corresponding figure in metros like Delhi and Mumbai. In the case of Bangalore, it is 400.

This report could be a "sinister design" of foreign multinational companies. The timing of the article looks suspicious as it came when India is emerging as a global power in medical tourism. The statement by British medical experts looks politically motivated. They might have been alarmed by the prospect of losing business to Indians.'

Indian government response

With the stakes so high, India's government hit back at the researchers, alleging a conflict of interest. The Indian Ministry of Health pointed out that the study was partly funded by Wyeth – a pharmaceutical company that produces antibiotics for the treatment of such cases.

India's Tourism Ministry went after them for naming the bug after New Delhi, and put out a statement that says "The Government of India has strongly refuted the naming of this enzyme as New Delhi metallo beta lactamase over the place it was first discovered since HIV Virus was discovered in New York City and it has not been named NYC Virus." They also refuted the reports that hospitals in India are not safe for treatment including medical tourism.

Our Defence

This virus has been found in people from many countries and study has only chosen people who travelled to India and why nobody in United States or any other country has been tested for the superbug virus. Associating the bacteria with India looks misleading and unfair as superbugs have been reported in countries like Greece, Israel, US, Britain, Brazil, Puerto Rico and many others and it is unfair to link the superbug to India.

Indian surgeons are the world's best in liver transplantation and also at the very top in endoscopic procedures. In fact American doctors are coming here to learn the procedure from us.' Earlier patients from the Western world avoided India because of the lack of cleanliness and expertise. 'But there's been a sea change and Indian doctors and surgeons are as good as the world's best today.' We have the best of the world's technology like Medanta, has a 360-degree slice CT scan, a state-of-the art machine that shows doctors accurate images of patient's arteries and organs.

What more we can do?

India currently does not have any rules or registry to record hospital-acquired infections. When we are emerging as a destination of medical tourism, we must come out with a registry that will record infections when they are detected in hospitals, and also antibiotics for their treatment.

People need to be educated about the superbug bacteria as its causing panic in the minds of general people.

We should take it as another reminder, most importantly the consumers of the healthcare services that the misuse and abuse of antibiotics cannot go on any longer. Irrational use of antibiotics over the past millennium has indeed made existence of such superbugs a stark reality. The only way to avoid imminent return to an era of healthcare where there were no modern cures for infectious diseases is to start implementing effective programmes of infection control and rational antibiotic use at all levels — public policy, healthcare providers, public and private health institutions and citizen consumers.

Pharmaceutical companies in India need to be better regulated as here a single antibiotic is manufactured by 10 different companies, with the result that the product lacks consistency in quality.

Besides stringent infection control in hospitals, good sanitation in the community is also needed to contain the spread of such clones, the paper concluded.

Some thoughts…..

1. Why was medical tourism specifically called out in the study? Does this superbug spread only through patients who come in for medical tourism?
2. Why have the western media conveniently left out the information about other "superbugs" found in Germany, Seoul etc.?
3. Nowhere in the media is it mentioned that the reason NDM-1 is named such as a convention and people should not consider this naming to represent any dangers involved in medical treatments in New Delhi.

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SYMBIOSIS HEALTH TIMES

Knowledge Bank

Punjab to spend Rs 342 Crores on healthcare facilities

In order to provide modern healthcare facilities to the rural masses, the Punjab Government would spend Rs 342 crores on the construction of new hospitals and up-gradation of existing hospitals, community and primary health centers throughout the state.

A new 100-bed district hospital would be constructed at Nawansahar and two such hospitals would be up-graded from 50 and 60-beds at Mukatsar and Tarn Taran respectively.

Likewise four new sub-divisional hospitals would be constructed at Khadoor Sahib, Bholath, Moonak and Tappa and two such hospitals would be up-graded at Dera Bassi and Budhladha. As many as 29 new community health centres (CHCs) had been sanctioned to be built under the scheme at Dehlon, Bareta, Lambi, Mahil Kalan, Sadiq, Makhu, Beenewal, Ghudha etc.

Out of Rs 342 crores, Rs. 75 crores would be meted out from the state budget, Rs 44 crores from state's developing authority, Rs 83 crores from rural development fund, Rs. 80 crores from the Punjab Infrastructure Development Board and Rs. 60 crores from National Rural Health Mission.

All the state Government managed Hospitals, PHCs and CHCs would be completed within one year. Hospital Services Consultancy Corporation had been engaged for design consultancy. Earlier, there were seventeen 100-bed hospitals against the norm of 20, fifty-six 50-bed sub-divisional hospitals against 77, ninety-three 30-bedded CHCs against 130. The state had far more PHCs above the norms fixed by the Centre.

As far as recruitment of doctors is concerned, 376 doctors, including 214 medical specialists, 128 medical officers general and 34 medical officers dental would be recruited through a committee of PGI doctors. The recruitment of these 376 doctors against the gap of 566, the remaining 190 would be recruited thereafter.

Now doctors can read ECG reports on their mobile

The world's fastest growing mobile market has added yet another feather to its cap -- telemedicine on the mobile handset.

Thanks to BlackBerry, Maestros Mediline Systems and Vodafone, the cardiologists at the Nanavati Hospital will now be able to monitor their patients and even read ECG reports on their BlackBerry handsets.

The mobile electrocardiogram (ECG) application, dubbed eUNO R 10, will enable doctors to remotely and accurately monitor the heart performance of their patients at any time using BlackBerry smartphones powered by teleservices provider Vodafone.

Once the ECG report is taken through the phone handset, it can then be sent to a doctor saving precious time and also money.

But the condition is that the doctor needs to have a Smartphone and a connection of Vodafone. This service has been brought keeping in mind the huge potential that this pathological service provides.

The technology has already been adopted by the city-based Nanavati Hospital, where cardiologists will have access to patient's ECG reports on their handsets, thus helping them respond quickly with a diagnosis and prescribe appropriate medication.

The application was created by BlackBerry-maker Research-In-Motion, which today entered into a pact with medical equipment manufacturer Maestros Mediline Systems (Maestros) to make a foray into the area of mobile healthcare solutions.

Mobile technologies are playing an important role in the healthcare industry and we hope this tie-up with Maestro would be the next game-changer in the healthcare sector over the next few years.

Gradually the service will be rolled out in various other hospitals across the country.

Regulatory checks on medical devices

In order to ensure safety and efficiency of medical devices, central government recently proposed a regulatory check on the quality of medical equipments. Minister of state for health and family welfare, India, is of opinion that an extensive amendment to the current drug law is under progress to bring the regulation of all medical devices directly under health ministry.

Medical devices provide the means for complex diagnosis and life support systems. In view of their extensive use, it is necessary to have a proper regulatory control over medical devices so that the patients are provided with safe, affordable and effective tools of healthcare.

The central government has formulated a new law, the Central Devices Act (CDA) that aims to regulate the entire medical device industry. It is waiting for state governments' views since health is a state subject. The Central Drug Authority Bill had been sent to states for observation and will be approved shortly. Central Government will give the states a deadline to respond and take the bill forward. With the intention of ascertaining patients' safety, government will be controlling the $2.1 billion medical devices industry.

Regulating quality of medical devices:-

With the implementation of the amendment, all medical device manufacturers and importers will be required to register with Drugs Controller General of India (DCGI), the nation's drug regulatory authority.

But the stringency in such requirements will vary according to the nature of the devices. For instance, high-risk implantable devices like stents will be directly regulated and licensed by DCGI.

On the contrary, low-end and inexpensive devices like thermometers and X-Rays could be self-regulated by the industry. Only 14 medical devices are presently being classified as drugs and are being regulated under the existing drug laws.

Medical device, diagnostics and equipment industry:-

The current size of the domestic medical device, diagnostics and equipment industry is mere six percent of $35-billion healthcare sector ($2.1 billion or Rs 9,450 crores).

It will also digitize medical records of all Indian citizens after the implementation of the proposed national unique ID project. These records will be used for immediate reference for diagnosis in future.

The increasing population with greater awareness and transforming disease profile of the country has resulted in an increased demand for healthcare services.

Bio-medical waste seized from Ahmedabad godown

The regional team of the Gujarat Pollution Control Board (GPCB) raided a bio-medical waste godown on SG Highway.

The team seized around 100 kg of bio-medical waste and lodged a police complaint against the owner of the godown. Besides, Sanjivani Hospital in Vastrapur is believed to have been given a notice by the GPCB.

GPCB officials, officials from the AMC's health department and the police, together raided this godown situated in an open plot near Neha Apartments opposite the high court.

Around 17 bags containing nearly 100 kg of biomedical waste have been seized in this operation.

The police complaint has been lodged against one Prahlad Ishwarbhai in this regard. He is believed to be the owner of this godown, and is presently absconding from the site.
The papers of Sanjivani Hospital in Vastrapur were found on the site, GPCB officials visited the hospital.

Irregularities in collection, storage and segregation of bio-waste were detected there, and so, the officials have served a notice to the hospital authorities.

Law on biomedical research soon:-
The draft ethical guidelines on biomedical research on human participants chalked out by Indian Council for Medical Research (ICMR) may soon become a law. The move comes at a time when India is increasingly being eyed by global pharmaceutical companies for clinical studies.

The draft proposes to prevent the pharmaceutical companies from conducting clinical trials without prior approval from the accredited Ethical Committee. The panel of experts during the seminar on meeting challenges and actualizing the potential in clinical trials held on the third day of Bangalore India Bio recently, pointed that Asia would become the second largest pharmaceutical market in a decade, with India and China playing a crucial role.

Dr Ferzaan Engineer, CEO, Quintiles Research India, felt that while China was way ahead of India in Research and Development (R&D), India was strong in clinical drug development and IT. Hence, both India and China complement each other and need to work together.

When India started conducting clinical trials, it was mostly outsourced work. However, now a full cycle of research was being done in Asia. Innovation possibility, development of drugs and finding market in Asia itself are being thought of now.

Managing Director and Founder of Ecron Acunova, D A Prasanna cited size of population, knowledge of English, disease burden, naive patient advantage and western medical education as the advantages that India had over other countries in attracting pharma companies for clinical trials. However India does not have a significant share in the Biopharma market.

For instance, Poland which is much smaller than India registered 2,328 clinical trials till December 2009, as compared to India's 1,256 trials. This was 50 percent more than what was being conducted in India. Compliance to ED and US laws, building therapy area competence to certain depth, need to graduate to phase 3 trials and increasing tile area of expertise were some of the ways forward.

It is revealed that while there was no apex body to accredit investigators of clinical trials, FDA recognition to doctors acting as investigators was available. Seventy per cent of FDA accredited investigators are in South India out of which 30 per cent are in Kamataka. Karnataka, Tamil Nadu, parts of Andhra Pradesh and Maharashtra were doing most number of clinical researches at present.

Healthcare expansion in India still work in progress: President

Citing WHO's grim predictions about medical challenges before the country, President Pratibha Patil said the expansion of healthcare facilities in India was still a “work in progress“. Inaugurating the 1,500-bed SevenHills Hospital, at Bombay, billed as the largest private sector health care facility in Asia, Patil said lifestyle-related ailments like diabetes and heart diseases, with their impact on loss of economic output, merited a multi-pronged strategy for preventive measures.

“Good health parameters of a society are an absolute necessity for the economic progress... For India, a country with the second largest population in the world, we can realise our demographic dividend only if we empower our citizens,” Ms. Patil One way of empowerment was providing adequate health facilities.

Since our independence we have achieved some success in the healthcare sector like increase in life expectancy and eradication of some endemic diseases. However, it is still a work in progress. We are yet to reach the goal of health for all... access and affordability of healthcare for underprivileged and marginalised sections; in particular women and children remain unaccomplished tasks. Penetration of health services in rural areas is particularly low. There would be 80 million diabetes patients in the country by 2030, while as per the Cardiological Society of India, there would be a 100 million heart cardiac patients - 60 per cent of the total cardiac patients in the world - in India by 2020.

WHO has cautioned that India would be diabetes capital of the world. This would cost about USD 335 billion over the next ten years. This is a large economic cost to the nation. Special attention should be given to women and children... In our country, one woman dies every 7 minutes due to child birth complications.

Tele-medicine” has been found to be the most cost effective ways for serving those who do not have access to primary health facilities. Doctors should draw on traditional Indian medicine systems, as they offer cure for some diseases where allopathy does not have any answers.

Need to amend PNDT Act to check unlawful practices, says Delhi HC

Voicing concerns over the non-effective implementation of the law to prevent pre-natal sex determination tests, the Delhi High Court has suggested that the Central Government plug the loopholes in the legislation.

The absence of clear rules and guidelines spelling out unambiguously the qualification, training and experience required for operating a diagnostic clinic offering ultrasound tests, has resulted in unethical practices... going unchecked," noted Justice S Muralidhar in the order.

The court said the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PNDT Act) should be amended and asked the authorities to conduct a comprehensive survey after consulting the experts in the medical fraternity and education. As a result of the ambiguity in defining the term 'sonologist' under the PNDT Act, the growth of diagnostic clinics could not be effectively regulated, the court observed.

"The requirements in terms of qualification, training and experience to recognise and register as sonologist should be incorporated... In determining the criteria, the best available international practices should be adopted," it noted.

The court's observations came while deciding the petitions by two doctors, K L Sehgal and Sonal Randhawa, whose registrations were cancelled by the Medical Council of India (MCI) for flouting some provisions of the PNDT Act. Setting aside the MCI's orders, the court said such cases underscore the need to plug loopholes in the PNDT Act so that innocent practitioners are not indicted.

Government to spend Rs 1,231 crores to promote healthy lifestyle

The Central Government will spend around Rs 1,231 crores in the next two years for an ambitious healthcare programme to prevent, detect and control the spread of cancer, diabetes, heart ailments and stroke.

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is expected to screen more than seven crores adults across 100 districts in 15 states and union territories for diabetes, hypertension, early diagnosis of non-communicable diseases and treatment at early stages.

The programme, approved by the Cabinet Committee on Economic Affairs (CCEA), will train about 32,000 people to provide opportunistic and targeted screening, diagnosis and management of non-communicable diseases.

Of the total outlay, Rs 499.38 crores will be spent for interventions on diabetes, cardiovascular diseases and stroke, while Rs 731.52 crores will be spent for cancer control.

The Centre will provide 80% of the cost of the scheme, while the states would have to cough up the balance. The objective of the programme is to promote healthy lifestyle. Non-communicable diseases are emerging as the leading cause of death in India accounting for over 42% of all deaths. They cause considerable loss of potentially productive years (35-64 years) of life. Medical studies suggest that about half of all annual deaths in India are because of non-communicable diseases, mainly diabetes, heart diseases, cancer and stroke. About 10 per cent of the adult population may have high blood pressure.

The programme will train government doctors to screen people above 30 years, visit government clinics and prescribe preventive health tips to patients at risk and their families. It will also launch health education campaigns to improve dietary habits, increase physical exercise and reduce the consumption of tobacco and alcohol among public. The health personnel will be asked to screen patients opportunistically — patients attending a clinic for other complaints such as a fever or a throat infection would also be offered the screening tests. The focus is prevention and early diagnosis to reduce illness and deaths. That's why early diagnosis is crucial — many chronic conditions can be managed with modest resources or just through lifestyle changes if detected early.

Earlier, the Union Cabinet had approved a proposal to enhance the authorised share capital of the National Minorities Development Finance Corporation (NMDFC) to encourage self-employment initiatives among minorities. In the increased share capital, the Centre's share would be Rs 975 crores and the states would contribute Rs 390 crores.

Mediclaim Insurance:- Cashless benefits are no longer in existence

If you have a mediclaim policy that entitles you to cashless facilities, here's some bad news. You will no longer be able to get these facilities at high-end hospitals like Apollo, Fortis, Ganga Ram, Max or Medicity in Delhi, the national capital region (NCR) and the metros of Mumbai, Bangalore and Chennai.

All insurance companies providing mediclaim facilities, a cashless health insurance, have stopped direct payment of treatment charges to 150-odd high-end hospitals in Delhi and NCR alone. If you now go to any of these hospitals, you will have to pay from your pocket despite having a valid mediclaim policy with all premiums paid. You will then have to reclaim the amount from the insurer with no guarantee that the entire amount would be reimbursed.

At least 18 insurance companies, including the four public sector entities, have taken off more than 150 hospitals in Delhi and NCR from their designated list for the cashless facility. This facility will now be available at only 100-odd hospitals, none of them from the big chains. There's been a similar axing of hospitals from the list in other cities.

What's forced these insurers to take this step is the fact that they have been bleeding badly. They are making an estimated loss of Rs 1,500 crores annually on a yearly premium collection of Rs 6,000 crores on mediclaim policies across the country.

These 18 insurance companies had so far been providing cashless services at over 3,000 hospitals pan-India. But a recent study carried out by the TPAs found that only 350 of them or roughly 11% were consuming more than 80% of the total claims.

It was also found that customers were overcharged for each hospitalization, irrespective of the treatment, and were left with very little funds for their next treatment. This is intended to discipline the hospitals who are overcharging a customer.

TPAs have been asked to convey the fresh list of hospitals to individual policyholders as also the new packages available.

These insurers have worked out treatment packages and depending on the hospital's infrastructure, the lower or higher rate will be applicable.

For instance, hospitals that are part of the big chains charged Rs 58,000 on average for a gall bladder operation. Now, according to the new package deal, a hospital would be offered anywhere between Rs 30,000 and Rs 48,000 for the same. Similarly, for a cataract operation, the average payout was Rs 35,000. The new deal provides for a maximum of Rs 24,000, while

it would be Rs 14,000 if the surgery is done at a smaller set-up.

The insurers have been negotiating with the big chains for the last six months in an attempt to persuade them to accept the packages. So far, however, none of them has responded positively, forcing the insurers to take this drastic step.

The insurers have identified the four metros of Delhi, Mumbai, Bangalore and Chennai to start with the new package deals. The scheme would then be rolled out across the country. These four metros account for almost 50% of the Rs 6,000 crores annual mediclaim premium collected by the 18 insurers. Overall, the premium collection on health insurance is estimated to be upwards of Rs 9,000 crores.

Insurers, healthcare industry agree on gradation of Hospitals

The tussle between public insurance companies and corporate hospitals in the city is turning out to be a nightmare for medical insurance holders entitled to cashless treatment. Big private hospitals in the city are receiving as many as 10 denials per day from public insurance companies for pre-sanctioning of cashless treatment facility. Insurance companies were forced to withdraw the cashless facility because many private hospitals overcharge patients with insurance.

Officials from various insurance companies, healthcare providers, third-party administrators (TPAs who liaize between hospitals and insurance companies) met under the aegis of the Confederation of Indian Industry.

The need for a dialogue was precipitated by the 13-day-long gridlock in the insurance sector, with the public-sector insurance companies drastically pruning the list of hospitals where their cashless facility was available.

In Mumbai, the list of 800-plus hospitals was reduced to mere 90 and insurers stopped the facility at 150-odd high-end hospitals in the Delhi region. At the meeting, the message was two-toned: while PSU companies refused to roll back their Preferred Provider Network which was effective from July 1 onwards, they have agreed to be part of a working group that will over the next three months work out new insurance products.

The insurers and the healthcare industry also agreed for gradation of hospitals for the purpose of mediclaim facilities. The hospitals would be graded in three categories — A,B and C — on the basis of infrastructure facilities and specialities.'

'The insurance companies have decided to restore cashless facilities on a case-to-case basis. Insurance companies discussed ways of making people part of the facility and how the reimbursements to them can be revived. So, while rushing for a medical treatment you will now have an option to choose the class of hospital and pay as per standardised rates, according to a new grading system that is being worked out by insurance companies and hospitals.

Any change would have to be done with reference to the new PPN. Insurance companies have an open mind but there is no scope of making any major deviation in our reworked policy they have to do business with the medical fraternity and their suggestions are definitely welcome. However, the process cannot be put on hold for them. The PSU companies underlined that any hospital willing to adhere to the terms and conditions were welcome to join the PPN. They are willing to deviate by 2 to 3 per cent on the issue of rates. However, any major deviation is not in the interest of either the insurance firms or the policy holders. The insurance firms have also identified standard procedure that needs to be followed in 41 types of surgeries. These procedures have been finalised in consultation with the doctors and third party administrator (TPAs). There is not much scope for change on this aspect as well.

GIPSA, a General Insurance Public Sector Association (GIPSA), a parent body of four public sector health insurance firms, had decided to take corrective measures to cut down mounting losses owing to fake claims due to nexus between hospitals, patients and third party agents (TPAs). According to a new policy that came into effect from July 1, PPN of hospitals in Mumbai, Delhi, Bangalore and Chennai has been prepared. Only those hospitals, which are willing to adhere to the rate card finalised by the insurance companies are a part of PPN.

Beware steroid-laced food supplements: FDA alert on diet supplements

Various dietary supplements, in the form of vitamins, minerals and other substances, which are freely popped in to improve the food intake or tone the body, may just do users more harm than good. The food and drug administration of US, an agency within the US department of health and human devices responsible for protecting public health, brought to the knowledge of food safety and standards authority of India that there is a possibility that some products containing steroid or steroid-like substances are making way into India markets as 'dietary supplements'. The Food Safety and Standards Authority of India has warned the public against using some steroid-containing products available as 'dietary supplements.' These could find their way into the country from the United States, where the products have already been banned.

The warning follows a communication from the Food and Drug Administration of the U.S. Some of these products are Mastavol and Hyperdrol syrups and Dienedrone and D-Drol, both capsules.

The products were subject to class-I recall in the U.S. as some of these were marketed, without an approved New Drug Application or a Generic Drug Application, as dietary supplements.

The products were found to contain steroid or steroid-like substances, making them unapproved new drugs. Most of these products were distributed through the Internet rather than through a distributor network. Apart from the risk of acute liver and heart injuries, steroid based product users can have serious long-term health problems like male infertility, masculinisation of women, breast enlargement in males, short stature in children, adverse effect on blood lipid profile, stroke and even death.

Kidney racketeers made a fool-proof case

NAGPUR/MAHARASHTRA: A kidney racket, which came to light after a man told a Patiala House court earlier this month that he was duped into selling his organ, appears to have spread its roots to as far as Nagpur and other cities in Maharashtra, opined the Delhi Police crime branch. The kidney racketeers who got a transplant operation done in a city hospital apparently presented a fool-proof case to the hospital authorisation committee.

It is disclosed recently that how an unrelated donor had given his kidney to a Delhi-based patient for Rs 2 lakhs and operation was performed in city. The racketeers presented the donor as brother of the patient while in reality he was a criminal. They even got "an English-speaking woman" to pose as donor's wife. These people were interviewed on video and passed muster with the committee.

Still, the disclosure of the racket has rattled the medical fraternity of the city--specially nephrologists and urologists--who say the episode would be a setback to kidney transplant programme in city. The crime branch has arrested three persons Sunil Deshmukh (48), Rakesh alias Raju (39) and Dinesh Nikaju (34) from Nagpur this month. While Deshmukh and Nikaju are from Nagpur, Raju is a resident of Delhi. The mastermind, Sanjay Singh, is on the run. The gang's links with kidney kingpin Dr Amit Kumar cannot be ruled out, opined the police. The racket is allegedly being run in collusion with top doctors and hospital staff in Nagpur.

The police said one Vikram Singh (22), who was arrested in an Arms Act case, had told additional chief metropolitan magistrate Ajay Pandey that a vagabond called Raju Kumar had promised to pay Rs 2 lakhs for his kidney. When Vikram agreed, he was taken to Nagpur and put up in a hotel. He met the recipient, Anand Mohan, who also promised him a job. They then made a fake PAN card to show that Vikram was Mohan's brother. He was taken to Suretech Hospital in Nagpur to meet the doctors. On April 17, they removed kidney. After the operation, they put up in another hotel, the bills of which have been submitted to the police. I remained in the hotel for about 45 days till the third week of May. The police said Vikram was promised Rs 2 lakhs for his kidney but Sanjay, the kingpin, paid him Rs 10,000 and Raju was also paid Rs 10,000.

Sunil Deshmukh, who was arrested from Nagpur on July 15, is second in command. "Sunil takes care of the logistics. He prepares the fake papers that show the donors as relatives of the recipients," opined a senior police officer. The gang used to charge Rs 8-10 lakhs from the recipients. The third accused, Nikaju, used to prepare forged papers including affidavits. Police are looking into the role played by doctors and hospitals where the kidney transplants

were performed. Deshmukh is an important link as he had earlier worked as an administrator at Suretech Hospital in Nagpur.

The police said the racket has been in operation for the past five years but the accused have been arrested for the first time.
One section of practitioners feels for no fault of theirs the doctors who did the transplant in Nagpur have been linked to the racket. Another section does not rule out the possibilities of involvement of hospital administration and doctors.

Dr Raju Deshmukh, director of Suretech Hospital where the transplant was done, says he and his hospital were cheated by Sunil Deshmukh, its former administrator and one of the accused.

Exercise sensitizes nerve cells into feeling full

Scientists have come up with another good reason why we must exercise. It helps us feel full too.

Besides burning calories, exercise also sensitises nerve cells (neurons) into a feeling of satiety, which leads to reduced food intake and consequently weight loss, concludes a new study. Exercise doesn't just burn calories, it also curbs appetite.

The study was led by Jose Barreto C. Carvalheira, University of Campinas, Brazil, reports the journal Public Library of Science-Biology. Researchers at the University of Campinas Exercise say that exercise restores the sensitivity of neurons involved in the control of satiety (feeling full), which in turn contributes to reduced food intake and consequently weight loss. Physical activity contributes to the prevention and treatment of obesity, not only by increasing energy expenditure but also by modulating the signals of satiety and reducing food intake. Thus, these findings, besides reinforcing the necessity for regular exercise also change the current paradigm established between physical activity and weight loss.

Physical activity has always been considered a cornerstone in the treatment of obesity, however, only now have the effects of exercise on the control of body weight been understood. This disclosure may bring hope to over 40 percent of the population that suffers from weight problems and obesity worldwide. The increase in obesity has become one of the most important clinical-epidemiological phenomena. Factors such as changing eating habits and a sedentary lifestyle both have a role in the pathogenesis of this disease.

Excessive consumption of fat is believed to create failures in the signal transmitted by neurons controlling satiety in a region of the brain called the hypothalamus. These failures can propel uncontrollable food intake and, consequently, obesity.

Carvalheira's team demonstrated that exercising obese rodents showed signals of restored satiety in hypothalamic neurons and decreased food intake.

Physical activity contributes to the prevention and treatment of obesity, not only by increasing energy expenditure but also by modulating the signals of satiety and reducing food intake.

Central Health Minister plans for specialised public health cadre

Union Health Minister pitched for the creation of a specialized public health cadre, including a Directorate of Public Health in states, to focus on prevention control of infectious diseases. Inaugurating the 11th Conference of Central Council of Health and Public Welfare, Health Minister called upon the State health ministers to strengthen the public health system for the prevention and control of infectious diseases.

The states were also requested to increase their health budgets to meet the growing demands of the health sector. There is need for placing trained and motivated personnel to enhance the capacity of the health system to manage both communicable as well as non communicable diseases.

Critical subject of population stabilization in the country was discussed and Union Minister requested all state health ministers to discuss this issue in state legislatures, Zilla Parishads and Panchayats to build up a broad-based political consensus for population stabilization.
Health Minister urged states to concentrate on implementing laws governing the age of marriage, and encourage young couples to delay their first child and maintain spacing between the first and second child.

Expressing concern at the menace of spurious drugs and adulteration of food, he called upon the state health ministers to enforce provisions of the PFA Act strictly.
Health Minister emphasized the need for strengthing the enforcement machinery by filling up the vacant posts of food and drug inspectors and by upgrading the laboratories with proper equipment and trained personnel.

Azad also assured that his ministry would engage in discussions with the Board of Governors of the Medical Council of India to explore the possibility of further liberalization in existing norms.