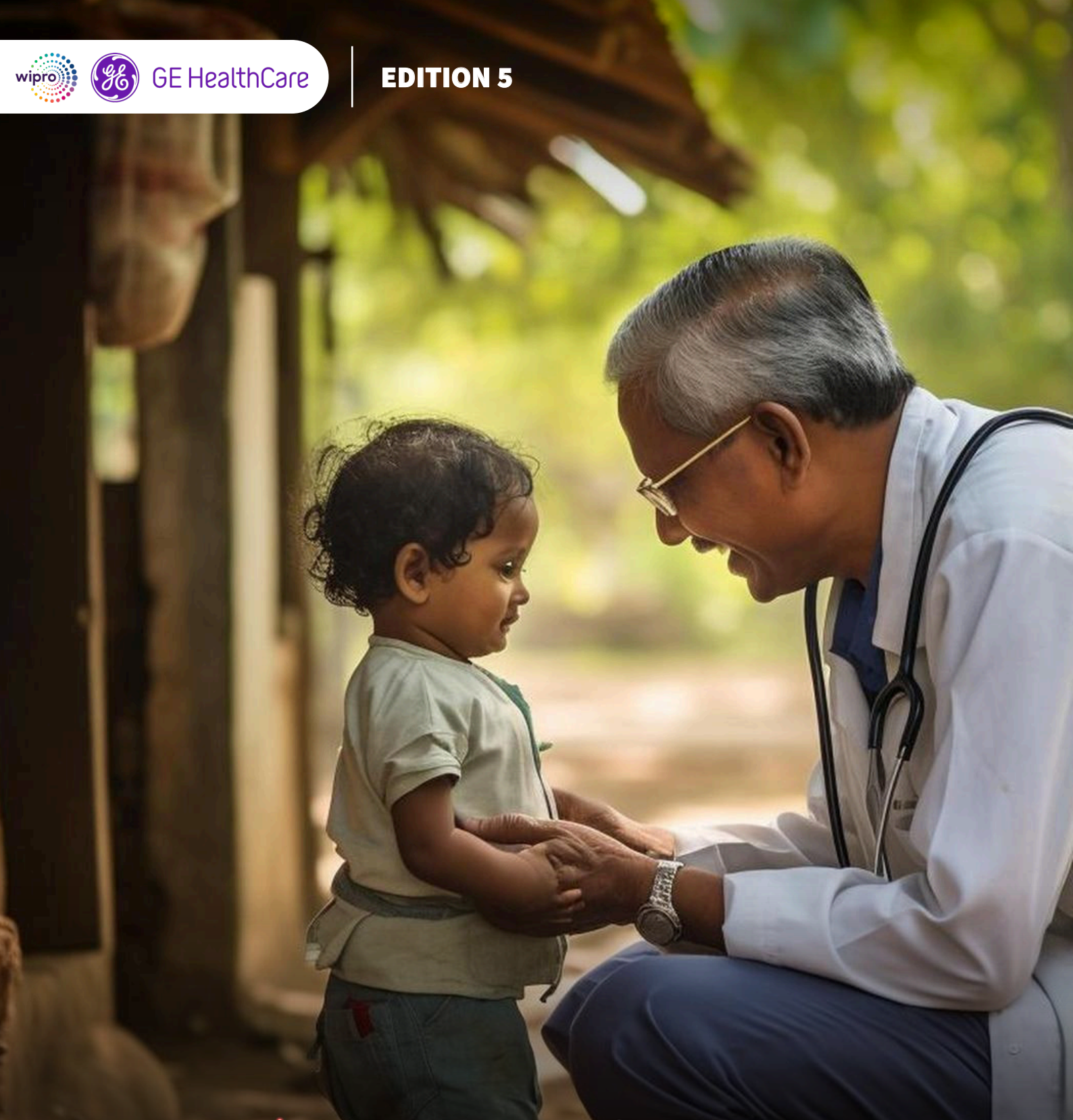
wipro GE HealthCare | EDITION 5



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A HEALTHCARE UPDATE

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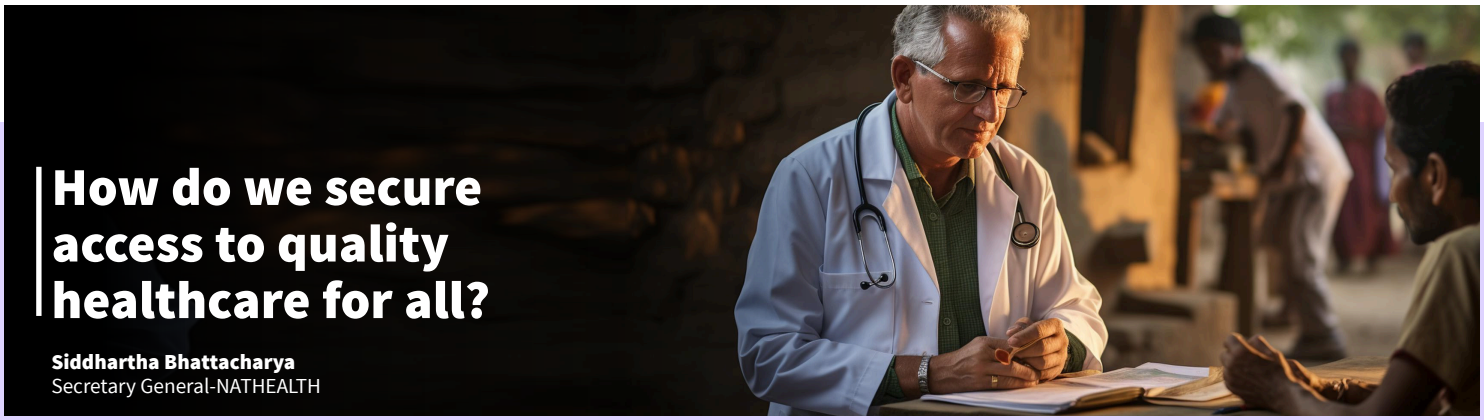

How do we secure access to quality healthcare for all?

Siddhartha Bhattacharya
Secretary General-NATHEALTH

The healthcare landscape of India, as we hurl towards our 100th year of independence, is like the "Tale of Two Cities." On one side, there is still the 'double burden of disease' with rising cases of non-communicable diseases (NCDs) amidst still unfinished agenda of infectious/communicable diseases. With a significant burden of maternal and infant mortality, NCDs account for 60% of all mortality in India, as per the World Health Organization (WHO). The existing Indian healthcare infrastructure is far from adequate with a mere 0.7 doctors and 0.9 hospital beds per 1,000 people. The other side presents a different, rapidly changing picture, where healthcare is increasingly being positioned at the forefront of the country's policy agenda with Ayushman Bharat-PMJAY, the commitment to grow healthcare spending from 1.4% to 2.5 % of GDP by 2025 and efforts to localise supply chains and make manufacturing under Make in India and PLI schemes. The big question is—while we build the Make in India story as we fight these challenges, how do we secure access to quality healthcare for all?

The Disruption Mindset

A disruption is around the corner, and this will require us to recognize healthcare as a new market with a newer set of rules and a different set of values. Firstly, effective collaboration on the national Universal Health Coverage (UHC) agenda, that is, successfully integrating it as a priority into the ecosystem where both the public and private sector deliver their responsibilities while fulfilling their obligations to key stakeholders.

As India also aims to become the global MedTech hub, it is imperative that we create an ecosystem where MedTech solves for India's unique challenges. The objective is to leapfrog into the future of advanced healthcare with digital technologies to tackle the need for integration (of public with private, of cities with remote villages, of patients with care, of physical with remote). Moreover, creating new health infrastructure, especially in remote geographies, remains a marquee priority with the rapid expansion and new medical colleges and digital interoperability stack to interconnect the digital health ecosystem. Additionally, we must empower local manufacturers to enable access to healthcare which is both affordable and accessible. More importantly, the reduction of import dependency from 80% to 50% by 2030 requires India to produce locally, in the process, incentivising the local manufacturers and empowering them.

The path to achieving this holistic goal hinges on collaboration, where all the health industry stakeholders can come together, deliberate, cooperate, and work in tandem to bridge the vital gaps in service delivery. Both public and private stakeholders need to rethink how to address systemic issues in India and look at investing in and rebuilding healthcare infrastructure as a strategic asset. As a nation, we must look at planning the next 5 years in the first phase and perhaps decades ahead of putting back together the pieces and adding more elements to enable all of us to live the new normal.

Perspectives

Reimagining Healthcare for India's 1.4 billion

Chaitanya Sarawate
Managing Director, Wipro GE Healthcare and President & CEO, GE HealthCare South Asia

India is the most populated country in the world with a growing ageing population and non-communicable diseases (NCDs) contributing to 55% of the overall disease burden. The challenges and opportunities coexist, pressing for the need for affordable, accessible, and quality healthcare. This has translated into India becoming Asia's fourth-largest medical device industry. The journey to self-reliance in MedTech needs a strategic roadmap and actions ranging from

augmenting operational capacities to addressing infrastructural gaps, strengthening local manufacturing and fostering digital innovation.

Prioritize domestic sourcing by Private Healthcare Facilities: The Indian medical device sector is driven by 70-80% imports. Most local manufacturers are producing products at the lower end of the technology value chain. A strategic shift from assembly manufacturing to research-based indigenous manufacturing will help address this gap. A critical aspect of accelerating 'Make in India' is prioritizing sourcing domestically manufactured medical technology. For instance, some states offer rebates to healthcare facilities built in non-metros for buying MedTech products, enabling healthcare infrastructure to be built in access-restricted geographies. It would be beneficial if healthcare facilities received additional rebates for buying 'Made in India' MedTech.

Additionally, there are incentives for buying locally by ensuring custom duty differentials between duty on the import of parts versus finished devices. However, this differential is not uniformly applied for all parts used in medical devices alone, making it insufficient and discouraging local procurement. Challenges that could potentially limit the procurement of locally manufactured medical devices should also be removed.

Enhance Local Sourcing by Public Healthcare Facilities: The government allows the import of selected products/technologies that are not locally manufactured, and this list is reducing each year. While the products which are not on the list are expected to be procured from local manufacturing facilities, it needs to be uniformly applied to all public procurement.

Support Domestic Manufacturing: The United States and European Union (~60% of the global market for MedTech) exempt accessories, spare parts, and components from separate quality requirements. They are covered under respective medical device regulations/safety standards. In India, Indian Quality Control Orders (QCOs) and Compulsory Registration Orders (CROs) from a plethora of Ministries do not allow such exemptions to be used for MedTech products manufactured in India. However, the same components, accessories and spare parts when imported along with medical equipment are exempted from such QCOs & CROs. This inverted compliance burden is akin to an inverted duty/tax structure, where imported devices are more favourably considered than locally manufactured ones. We must reduce this multiplicity of regulations and compliance burden as they add costs to Indian-manufactured MedTech products reducing Made in India MedTech product competitiveness, impacting the domestic market at large.

Impact

When 'Aspirations' take Flight

Making Quality Healthcare Accessible: Revolution Aspire CT

With a vision to address the dual challenge of the urban-rural divide and address the disease burden, at Wipro GE Healthcare, we set out to enable access to quality medical equipment across India, including tier 2 and tier 3 cities. Bringing the first-ever, end-to-end designed, and manufactured CT in India, reaffirming our commitment to India's 'Atmanirbhar Bharat' mission, Revolution Aspire CT was launched to empower India's healthcare infrastructure with a CT system that may improve patient care delivery. What did we do differently? The system is redesigned to deliver higher performance through tube capacity, t ube current, and X-ray generator power while maintaining the same footprint. It tries to reduce radiation dosage for patients and clinicians' radiation safety. Revolution Aspire may help clinicians do more for more patients – speed of diagnosis, image quality, reduced scan times, to help achieve superior care to a greater number of patients at a lower cost. One of the most powerful systems in the segment, manufactured at Wipro GE Healthcare's new plant under the PLI Scheme, Revolution Aspire is testimony to our commitment to address India's most glaring healthcare challenges.

A year of revolutionizing diagnostic imaging with our 32-slice Revolution™ Aspire CT.