For private circulation only

Indian Medical Parliamentarians' Forum
Newsletter

Vol. 8, No. 1 **Budget Session Issue** **January-April 2022**

We are pleased to present the Budget Session, 2022 issue of the IMPF Newsletter on behalf of the IMPF.

India has been going through challenging times during the pandemic. However, we could steer through and overcome many chaotic pandemic situations as a nation. IMPF appreciates and extends support to the country's leadership in addressing the pandemic and its diverse consequences for people across the country.

India could fully vaccinate more than its 85 crore people now, a remarkable achievement. Since new COVID-19 variants are being identified, IMPF calls upon the government to vaccinate everyone against the virus.

At a glance:

IMPF organised two major briefing sessions for its members during the Budget Session. It convened the Union Health Ministry's briefing session on the 'COVID-19 Management in India', on 28 March. This event was followed by a Roundtable Session on 'MedTech For All', on 6 April. The Roundtable was attended by 70 participants, including MPs, Union Ministers, government officials, experts and industry representatives.

We express our gratitude to all contributors who have made this newsletter very relevant and informative for parliamentarians across parties.

Dr. Rajdeep Roy MP &
Dr. DNV Senthilkumar S MP
Joint-Convenors

Dr. Kirit Premjibhai Solanki MP
Chairperson
Dr. Kanimozhi Somu MP
Vice-Chairperson

Setting Global Standards in Infection Control: India's Leadership and the Role of *Tamba* and *Pital*

India has the ambition and potential to assume a greater leadership role in the global health agenda in the third year of the COVID-19 pandemic and its aftermath. Its 360-degree approach—free testing, treatment, universal vaccination, insurance, monitoring, etc.—to manage the pandemic has proved the country's robust capabilities to set global examples. "We need to identify more long-lasting and durable solutions to ensure India can set a global best practice for infection control and prevent future pandemics"However, to set the global agenda, we need to enhance public infrastructure capable of responding to health crises by reducing bio-burden in public spaces to limit infection spread. This goes beyond expanding healthcare facilities in the country and aims at improving overall health and hygiene in public places such as mass transit areas, including airports, metros, railways, bus stops, etc. Maintaining a good level of health and hygiene in various public places can mean a substantial difference in managing infection spread beyond COVID-19.

"We need to identify more long-lasting and durable solutions to ensure India can set a global best practice for infection control and prevent future pandemics"

Contamination from commonly touched surfaces or highly touched surfaces, especially in public places, plays a significant role in pathogen transmissions. It increases the risk of cross-infections in hospitals, mass transit areas and other common places. We need to identify more long-lasting and durable solutions to ensure that India can set a global best practice for infection control and prevent future pandemics. This is where copper (tamba) and its alloys can provide a long-term response.

Copper and its alloys, such as brass (pital), bronze and others, are natural antimicrobial materials. 'Antimicrobial' is the ability of a substance to eliminate or inactivate microbes, such as bacteria, fungi (including moulds) and viruses. "Antimicrobial copper", as it is called, works by punching holes into the cell membranes of any creepy-crawlies that reside on its surface. The antimicrobial property of copper is intrinsic to the metal. This means the antimicrobial efficacy remains throughout the lifetime of a product – it never wears away or becomes depleted from the surface, unlike a coating.

PM Modi with his Mother

It is not a new concept; the Indian civilization and traditions across generations have used the antimicrobial properties of copper and brass, including in medicine, household utensils, etc. While the phenomenon was already known since ancient times in the country, it is currently receiving renewed attention. This is due to the potential use of copper as an antibacterial material for public health benefits backed by modern science. In February 2021, the USA's Environmental Protection Agency (EPA) announced that certain copper alloys provide long-term effectiveness against viruses, including SARS-CoV-2, the virus that causes COVID-19. It has revealed that SARS-CoV-2 is no longer infectious on alloys made of 95.6 per cent copper within 2 hours, while it can survive on plastic surfaces for up to 72 hours, up to 4 days on wood, up to 2--3 days on stainless steel and nearly five days on glass. The inherent biocidal properties of copper surfaces, even without cleaning, offer a theoretical advantage to conventional cleaning, as the effect is continuous rather than episodic.

As we build a stronger India through Vision India@2047, we should keep in mind that economic growth is clearly linked with improving the country's health. Infection control is one of the critical steps for better public health. India has global ambitions, and setting a worldwide best practice in infection control that our forefathers acknowledged will augment our leadership role.

- Neeraj Lal, Chief Operating Officer, Apollo Hospitals, Gujarat Region

Amrit Kaal and Ayushman Bharat: Equipping Hospitals with the Newest Medical Devices

Ideally, the healthcare system needs to provide favourable patient outcomes at the lowest possible cost. However, as evidenced by Indian National Health Account 2017, the insurance penetration for in-patient care is estimated at 35 per cent, with 65per cent of healthcare expenses paid by patients out of their own pockets. As a result, patients are more likely to settle for primary healthcare facilities, thereby forcing the healthcare providers to choose 'affordability' over 'innovation', 'safety' and 'quality', which does not hold good for society in the long run.

The Finance Minister announced the modernisation of Government Procurement Rules in *Amrit Kaal* in her 2022 budget speech. With Ayushman Bharat with its guaranteed pay-out, revised regulatory guidelines on teleconsultation and e-pharmacy, and rollout of the National Digital Health Mission, we now have the potential to enable Value-Based-Procurement of Advanced Medical Devices and Equipment for India's public hospitals. Further, to address the shortcomings of the lack of availability of medical devices in hospitals, the National Health Authority has set up the Health Financing and Technology Assessment (HeFTA) Board. It has published a paper, "Provider Payments and Price Setting under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in India, "seeking comments on setting rules for Value for Money procurement.

Through Value-Based Procurement (VBP), decisions are made considering how a solution can best deliver desired outcomes, reduce the total cost of care, and provide long-term benefits, rather than focusing exclusively on purchasing products at the lowest possible price. The benefits of VBP are manifold across all stakeholders-- patients, payers (government- state or central), service providers (hospitals)-- and ushers intangible societal benefits.

For the patients, VBP improves the standard of care, Quality Added Life Years (QALY) and reduces Disability Adjusted Life Years (DALY) by lowering side effects, incidences of recurring surgery, post-operational diagnostic, and care requirements. VBP leads to faster recovery of patients with a reduced hospital stay for hospitals, enabling hospitals to treat more patients. In the case of payers, VBP lowers long-term costs. VBP thus ushers in societal benefits as a healthy population leads to higher productivity and more GDP. Payers are also benefited due to a reduction in recurrence of disease conditions and the requirement of retreatment.

One can illustrate VBP's importance with the following examples. In Asia, the prevalence of heart valve disease among young patients is high. If a young woman of childbearing age goes for heart valve replacement, she has three choices. The first is using a mechanical heart valve. For this, she must take blood thinners lifelong. She can't bear a child and the risk of valve mechanical failure and stroke. The second is using standard tissue heart valves, which, after a few years, rears up tissues' degeneration due to calcification resulting in repeated surgery. Third and the safest option is going for specially treated tissue heart valves with proper anti-calcification treatment like an aldehyde-free dry-tissue valve. Here VBP provides payers with a scope to select alternative implants for Diagnostically Related Group (DRG) of patients considering holistic benefits, which is impossible in a "cost only" tender.

Similarly, VBP benefits tremendously in Hemodynamic Monitoring of patients undergoing High-Risk Surgery or the critically ill in ICU. High-risk patients with co-morbidities are prone to severe blood loss. It needs to be monitored continuously with dynamic hemodynamic parameters to avoid risks of post-operative complications, re-infection, and lengthy ICU stay. This heavily costs the exchequer and leads to long-term occupancy of limited ICU beds. Recent innovations in advanced monitoring systems using machine languages and Artificial Intelligence (AI) allow beat-by-beat monitoring and provide 'complication prediction', enabling timely intervention. VBP offers the opportunity to evaluate and select such innovations.

Ayushman Bharat Digital Mission will help collate patient data to aid health economic research (HTA) in selecting and adopting the best technologies. However, this requires time to build in the database. Until then, we should implement

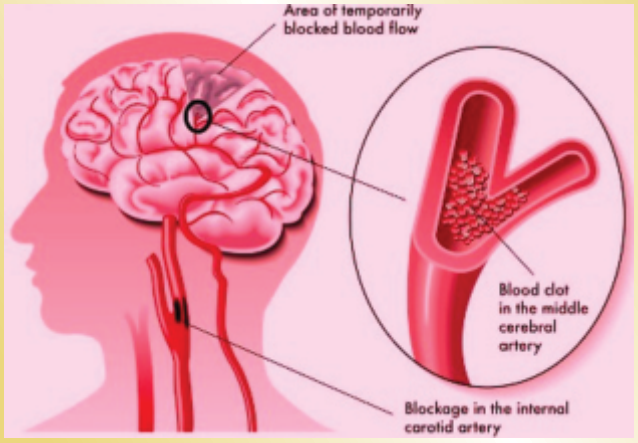
Amrit Kaal guidelines for Government Procurement of medical diagnostics/equipment based on holistic values recorded in Health Technology studies done in well-regulated countries. This will give access our citizens to the best medical treatments and familiarise medical students and faculties with the latest med-tech innovations. India's focus should be on the best ways to evaluate the latest technologies for patients and the suitable treatment protocol for the good of the patients, payers, and society.

- Dr Sanjay Jaiswal
Member of Parliament

Stroke Support Alliance: An Initiative of DakshamA Health

Stroke-cerebrovascular accident (CVA)is the second leading cause of death worldwide, with an annual mortality rate of 6.5 million. Over 101 million people worldwide are currently living with stroke. With 143 million years of healthy life lost each year due to stroke-related death and disability, it is a major public health concern with substantial economic and social implications.

The stroke burden in India is enormous; 1.8 million people have a stroke each year. It has seen a 100 per cent increase in the incidence of stroke (till 2016). However, there are only about 2000 neurologists in the country. The grave situation warrants identifying the systemic issues and addressing them.



The Indian government set guidelines in 2019 for stroke prevention and management, including establishing a stroke unit staffed by physicians skilled in stroke care. These guidelines lean more toward a hospital-centred approach, lacking stroke care continuum pathways.

Stroke care starts from the pre-hospital level (treatment in the field) to acute care, including thrombolysis, then shifts to a stroke unit (for monitored care), early rehabilitation, and finally, assisted discharge. Much of these seem to be lacking in our country. On the other hand, most of these services are not covered under Ayushman Bharat, leaving underprivileged individuals without access to vital care and lifelong disability.

It is critical to understand what the patients need. As a patient group, DakshamAmade an attempt to comprehend the patient's point of view to push stroke management to a more care continuum pathway approach. It is centred on multi-disciplinary teams that benefit both the survivor and family and the healthcare systems. Regional and national consultations were conducted with over 40 stakeholders, including the government. The challenges and current needs of the patients through numerous interviews and meetings were documented. The interactions with patients and caregivers have documented the lived experience of over 16 stroke survivors. The consultations with stakeholders and discussions with patient groups culminated in a white paper that included some recommendations from the patients' perspectives. Some of the important recommendations that emerged therein are as follows:

- Financial cover for stroke through private and public insurance
- Green corridors and trained ambulance services to carry the patient to a stroke-ready hospital
- Publicly available database of stroke-ready hospitals with a helpline number for emergency management
- Hub and Spoke models with tele-stroke for remote regions
- Post-care follow up through (Health and Wellness centres and PHCs)
- Integrated care continuum pathways from prevention---acute management--rehabilitation– integration into society

- Changes in labour and HR laws to accommodate stroke patients back into the workplace
- Family and caregiver support.

A stroke is a medical emergency. Many patients will benefit from the updated National Stroke Guidelines by the Ministry of Health (MOH). There are, however, numerous areas that require immediate attention, particularly financial risk protection, referral systems, robust formularies, emergency care, and patient and stakeholder education. Several stakeholders will need to come together and collaborate. Patients and caregivers, like all stakeholders, play a crucial role in shaping current policy and guidelines. Numerous other ministries, in addition to MOH, should be involved. In addition, the patient voice must be represented at policy forums, research, and discussion tables to bring objective evidence that can guide policy.

The Stroke Support Alliance is a small initiative that has the potential to scale up rapidly and provide awareness and support to millions of families struggling to find solace after a life-changing event. With WHO and MOH recognising the patient voice as a powerful influence in bringing positive change, DakshamA Health hopes to bring smiles to many more families looking for support.

Dr Ratna Devi, ***CEO and Co-Founder, DakshamA Health***

Tamanna Sachdeva, ***Manager Projects, DakshamA Health***

Dr ShriramVaradharajan, Neuro-Radiologist, and stroke survivor

IMPF Roundtable on 'MedTech For All'

Facilitating dialogue to ensure timely availability of crucial life-saving advanced medical technologies such as AI-powered monitoring systems, latest diagnostic and imaging technologies, and long-lasting biological implants to all citizens, the Indian Medical Parliamentarians' Forum (IMPF) organised a roundtable on 'MedTech4All because of #EveryLifeMatters'. More than 60 delegates, including 18 Parliamentarians, Medical Practitioners, Industry Leaders, and representatives of chambers of commerce and industry within the MedTech value chain ecosystem, attended the roundtable held in partnership with the Public Health Foundation of India (PHFI) on 6 April 2022 at the Leela Palace, New Delhi.

The medical devices market in India is significantly smaller than other overseas markets. However, macroeconomic factors suggest a massive potential for double-digit growth. Indian medical devices market stood at INR. 77,539 crore (USD11 billion) in 2020, and it is expected to increase at a CAGR of 35.4 per cent from 2020 to 2025, reaching INR. 352,450 crore (USD50 billion). India is among the top 20 markets for medical devices in terms of demand, but the domestic industry is nascent, and the segment continues to be dependent on imports. Currently, the country imports nearly 86 per cent of its medical devices and are at a very nascent stage of developing cutting-edge medical technologies.

Dr. Bhagwanth Khuba, Minister of State, Ministry of Chemicals & Fertilisers was the Guest of Honour at the roundtable. Dr. Khuba called India a "Vishwaguru" by focusing on providing advanced medical facilities and positioning the country as a global hub for manufacturing medical devices. Prof. K Srinath Reddy, President of PHFI moderated the discussion. Dr. Kirit Premjibhai Solanki MP gave the inaugural welcome address. Shri Rajnish Tingal, Joint Secretary, Department of Pharmaceuticals, Dr. Sumit Garg, Deputy Secretary, Department of

Pharmaceuticals, and Dr. Ravi Kant Sharma, Deputy Drug Controller, Central Drugs Standard Control Organization, Ministry of Health & Family Welfare, represented the concerned departments at the roundtable.

A panel discussion was also held as part of the roundtable. Eminent clinician Dr. Yatin Mehta, Chairman, Medanta Institute of Critical Care & Anesthesiology, Dr. Ratna Devi, CEO & Co-Founder of Dakshama Health & Education, Mr. Arnab Basumallik, Co-Chair MTaI Policy Research & FICCI Pricing & Policy Group in Medical Device Forum and Dr. DNV Senthilkumar S, MP shared their perspectives in the discussion. The panellists highlighted that while pursuing Make in India, life-saving, cutting edge technologies like long durable implants, advanced and remote monitoring using AI, and less invasive surgical technologies need to be included in public procurement for the benefit of the patients and to keep our medical research facilities updated with innovation. Further, they shared that value-based procurement is necessary to benefit patients, hospitals, and payers and incentivise and encourage innovation.

As representatives of over a billion voices, Parliamentarians at the roundtable reiterated their pivotal role in ensuring improvements in local manufacturing, encouraging manufacturers and innovators to help develop healthcare technology, pushing for value-based procurement and promoting fruitful partnerships between international and domestic manufacturers/innovators to develop high-tech crucial medical devices currently unavailable in India. The roundtable concluded with a vote of thanks by Dr Rajdeep Roy MP, Joint Convenor IMPF, and a reception dinner hosted in honour of Dr Khuba and other member dignitaries.

Warning Labels on Unhealthy Food Products

India is sitting on a ticking time bomb of non-communicable diseases (NCDs). It faces a public health crisis of NCDs such as diabetes, cancer and heart disease. Scientific evidence is clear that it is associated with consuming unhealthy packaged foods. Ultra-processed food (UPF) products usually contain high amounts of salt, sugar and bad fats, additives, stabilizers, preservatives, humectants, dyes, emulsifiers, etc. These ingredients we don't use in domestic kitchens. Increasing consumption of UPF is a major driver of obesity, type-2 diabetes, cancer, high blood pressure, cardiac disease, depression, and frailty among the elderly population. Moreover, as per a recent study, 56 per cent of children between five to 19 years of age have cardio-metabolic risk factors.

According to a study commissioned by the Food Safety and Standards Authority of India (FSSAI), more than 90 per cent food products available in the Indian market qualify to be unhealthy by their contents. A big chunk of these is commonly projected as healthier. Commonly consumed foods such as biscuits, cakes, chocolates, and noodles offer unhealthy fats/salt or sugar levels and are ultra-processed by nature. The food products are addictive with minimal nutrient value and are manufactured to have a long shelf life. These are extensively marketed with the use of 'false health claims' and celebrity endorsements through television and other mass/social media.

According to Euromonitor data, the sale of UPF in India has increased from 2 kg per

capita in 2005 to 6 kg per capita in 2019, and is expected to grow to 8 kg per capita by 2024. Similarly, the beverage sale has gone up from less than 2 litres in 2005 to about 8litres in 2019 and is expected to grow to 10 litres by 2024.

Halting this rise requires serious efforts by the Government of India to ensure the good health of people. It can be in the form of regulations by FSSAI or enacting a parliamentary law, even as the FSSAI and NITI Aayog are currently working towards policy development on taxes, front of pack labelling (FOPL) and marketing restrictions.

Policy Objectives

With extensive global scientific evidence, the World Health Organization (WHO) has recommended "cut-offs" for nutrient content to declare a food unhealthy. Indian government should immediately adopt this and make it public. Based on these cut-offs, the government can frame the following two policies:

1. A mandatory front of pack label (FOPL) with a warning on unhealthy packaged foods, as adopted by Chile, is the most promising among a variety of brands available and used in several countries. These are clear and can genuinely identify unhealthy foods in a few seconds. India should not use a Health Star Rating (HSR), which cannot inform people about the harmful nature of food as it gives stars increasing healthfulness. HSR allows the use of positive nutrients like fibre and fruit/vegetable content, allowing health claims on the same food and thus confuses the consumer.
2. Government must restrict the marketing of unhealthy food products primarily targeted at children, and celebrity endorsement should be banned.

These policies have the support of the Supreme Court. In its judgment on 22 October 2013, the Court observed: " We may emphasise that any food article which is hazardous or harmful to public health is a potential danger to the fundamental right to life guaranteed under Article 21 of the Constitution of India. A paramount duty is cast upon the States and authorities.... under Article 21 read with Article 47 of the Constitution of India."

The parliamentary standing committee on Health and Family Welfare must review and look into the issues. We also appeal to Shri Narendra Modi, Hon'ble Prime Minister, to engage in a meaningful debate and guidance to the existing process because lives are at stake.

Dr. Arun Gupta, MD FIAP, is a senior pediatrician, convener of the Nutrition Advocacy in Public Interest (NAPi), and a former member of the Prime Minister's Council on India's Nutrition Challenges.

Briefing Session on 'COVID-19 Management in India' for IMPF

Union Health Minister Dr Mansukh Mandaviya lauds India's COVID-19 management and the vital role played by the Union and State governments' in addressing the pandemic. He was addressing an exclusive briefing session organised for the members of the Indian Medical Parliamentarians' Forum (IMPF) on 'COVID-19 Management in India' on 28 March 2022 at the Committee Room D, Parliament Annexe, New Delhi. Dr Mandaviya also emphasised the critical role of Parliamentarians, especially MPs who belong to the medical fraternity, to take the lead and message to their constituencies and the society. There are 53 medical doctors in both the Houses of Parliament. Sh. Rajesh Bhushan, Secretary of Health and Family Welfare, gave a detailed presentation on the COVID-19 management and explained the various measures taken by the Ministry. The briefing session was also attended by Dr Bharati Pravin Pawar, Minister of State, MoHFW, IMPF MPs, and other senior ministry officials.

Union Health Ministry briefing for IMPF members

Published by CLRA/IPG for IMPF. Centre for Legislative Research and Advocacy (CLRA), an expert organisation in parliamentary affairs and related work, is the hosting/implementing organisation of the IMPF. Tel: 91-9818111915. Website: www.clraindia.org.

Printed at Apex Printing House, New Delhi-110067, Ph: 9818114996.