

HEALTH SECURITY FOR ALL



CHALLENGES, SOLUTIONS AND OPPORTUNITIES

TAKING CARE OF LIVES, PAN INDIA.

Health and immunisation camps organised with our partner NGOs.



Illustrates
through action
the core values of
the Max Group of
"Caring for Life"
and "Seva Bhav"

LENDING A HAND.

- ▣ Provision of quality healthcare for the economically weaker section of society.
- ▣ Creating awareness on health issues such as women's health, and general major diseases.
- ▣ Working towards a sustainable and eco-friendly environment.
- ▣ Village adoption in Uttarakhand on Health, Sanitation and Waste Management.



Illustrates
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Health Security for All

Challenges, Solutions and Opportunities

Theme

India is ranked at 130th position among the 188 countries as per the Human Development Index 2015. The poor ranking highlights the gap on various development indicators like education, health, life expectancy, gender development index, gross national income, etc. India's health sector, particularly is struggling with constraints in terms of quality, access and affordability. The underprivileged have to deal with escalating costs of healthcare services and also, with unavailability of competent medical professionals, equipment, infrastructure, medicines and inaccessibility to clinics from remote locations.

Health insurance, in context of India, is highly relevant due to prevalence of high incidence of diseases, growing elderly population and high expenditure incurred on treatment or hospitalization. 'Out-of-pocket expenses' towards health care spends are considerably high. The amount of money individuals spend on medical treatment come to around Rs three lakh crores annually, of which only Rs 20,000 crores is through insurance cover. Given such low penetration, the poorest of the poor are not able to be covered effectively under health insurance. Research studies have shown that high health expenditure pushes the poor towards the vicious cycle of debts and further impoverishes them.

This highlights the need for creating a robust mechanism for financing health care cost in the form of health insurance.

The Rashtriya Swasthya Bima Yojana (RSBY), a centrally sponsored health insurance scheme, is one of the most successful schemes in providing coverage to the population below the poverty line. At present, the RSBY is being implemented in 19 states/ UTs and a total of 368 million people have been covered.

This document is an effort to find challenges and likely solutions in the area of health insurance with special focus on the underprivileged and underserved. To accomplish the objective, the paper has been divided into six broad sections.

- Section I introduces the status of health security in India.
- Section II deals with review of the work done on health insurance as well as captures some of the Public-Private Partnerships towards community health initiatives for the underprivileged.
- Section III presents the challenges that the health insurance sector is grappling with.
- Section IV highlights the solutions as well as opportunities associated with health insurance business in India.
- Section V emphasises that health security needs to be approached holistically.
- Section VI sums up the way ahead.

The objective is to improve and expand health insurance coverage as highlighted in the paper to achieve the objective of HEALTH SECURITY for All.

SECTION I

INTRODUCTION:

India has accomplished great strides since Independence. However, healthcare particularly for the needy and the oppressed remains one of the most neglected areas. The health sector is grappling with critical issues of lack of adequate infrastructure, shortage of qualified manpower as well as inadequacy of social security measures like insurance. The issue is further complicated due to demographic (ageing of population), and epidemiological (rising spectrum of cost-intensive non-communicable diseases) reasons which have spiralled the healthcare treatment costs multifold. This has led to impoverishment of India's underprivileged with estimates suggesting one fourth of all hospitalizations that lead to the vicious cycle of poverty/debt. There is an urgent need, therefore, for an efficient insurance mechanism to cater to the needs of the needy and the underserved.

When it comes to health insurance, attempts at expanding social healthcare insurance are complicated by large informal sector, inadequate data on costing, and poor standards of public healthcare delivery, etc. Currently, the insurance penetration in India is abysmally low at 28.80 crore (approx. 23.8%) out of which only 3.3% are

covered under health insurance which is a miniscule number. Hence, providing affordable and quality healthcare to its 1.2 billion plus population is a challenging Mission.

SECTION II

PUBLICLY FINANCED HEALTH INSURANCE:

There are a number of publicly financed health insurance schemes available to improve access to hospitalization services and to protect households from high medical expenses including Central Government Health Scheme (CGHS) for the Government of India's employees and the Employees State Insurance Scheme (ESIS) for the low-paid industrial workers. Rashtriya Swasthya Bima Yojana (RSBY) for BPL families is recent addition in social insurance. In addition, there are a few financial assistance schemes for the needy patients like Rashtriya Arogya Nidhi, Health Ministers Cancer Patient Fund, Health Ministers Discretionary Grant, Bhagat Puran Chand Swasthya Sewa Yojana in Punjab, Bhai Ghaniya Trust (Punjab) for Punjab Cooperatives, Biju Krishak Kawach Yojana for Odisha and Rajiv Gandhi ArogyaShree. However, insurance cover for all still seems to be a distant dream and hence there is a need for an effective and efficient insurance scheme that brings all underprivileged and underserved under the ambit of an insurance program.

About Rashtriya Swasthya Bima Yojana (RSBY)

Rashtriya Swasthya Bima Yojana aims at providing health insurance to unorganized sector workforce which comprises 94% of India's total working population. This scheme is targeted towards providing protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding.

RSBY scheme has played a very important role in increasing the health cover of population from 55 million people in 2003-04 to nearly 370 million in the 2014, which is almost one-fourth of the population. RSBY scheme has enabled participation in a health insurance scheme of the economically weakest of 20% and the SC/ST households, besides improving utilization of hospital services. The highlights of this scheme are its paperless transaction, portability of benefit, and being cashless to

beneficiary. The scheme has been designed to being responsive to the needs of the population, along with having a business model so that all stakeholders have an incentive to carry forward the scheme. The other salient features of the scheme are listed below:

- Covers 725 surgical procedures & non surgical unspecified diseases .
- Maternity benefits are covered and the new born is automatically covered under the scheme.
- There is a provision of card splitting so that if any one of the family member is working out of district/State s/he can avail the benefit of the scheme under RSBY empanelled hospitals anywhere in the country.
- The beneficiary has the freedom to choose between a list of Government and private empanelled providers.
- RSBY is supported by a strong technology basis of a “smart card” technology which allows for near-real-time tracking of program.
- There is a top up policy for RSBY Senior Citizens (cashless health insurance cover of INR 30,000) and also OPD Coverage (of INR 10,000 per annum per family) for RSBY beneficiaries which have been introduced recently.

Summing up, the RSBY scheme of Government has won plaudits from World Bank, United Nations and ILO as one of the

world's best health insurance schemes. The RSBY scheme has also acted as a catalyst in development of infrastructure in the second tier cities in India. However, there is a large ground to be covered to make 'HEALTH SECURITY FOR ALL' a reality.

Public-private Partnerships In India (PPP) Towards Community Health Insurance

Public-Private Partnerships are slowly gaining momentum in India for providing health security to the underprivileged. The PPPs have been successful in meeting the twin objectives of being able to reach out to the weaker sections of society and motivate beneficiaries to seek primary and secondary healthcare in time, and set aside a small sum of money every year for health security. It has been successful in improving access to healthcare and protecting families from impoverishment. A few of the successful model experiences in India have been encapsulated below.

Yeshasvini Cooperative Farmer's Healthcare Scheme In Karnataka

The Yeshasvini Co-operative Farmer's Healthcare Scheme is one of the largest Self Funded Healthcare Scheme in the country. It was initiated by Narayana Hrudayalaya Super Specialty Heart Hospital in Bangaluru, and by the Department of Co-operatives of the Government of Karnataka. The scheme is open to all rural co-operative society members as well as their families. It covers nearly 823 defined surgical procedures and provides any surgery up to Rs. 1 lakh per hospitalisation and Rs. 2 lakh per

patient per year. It is a contributory scheme where each beneficiary is required to pay nominal amount of annual contribution every year. There are 476 Network Hospitals in the State including Private and Govt. Hospitals where beneficiaries can avail facility. A Yeshasvini Farmers Health Care Trust has been formed to ensure sustainability to the scheme.

Arogya Raksha Scheme In Andhra Pradesh

The Government of Andhra Pradesh has initiated the Arogya Raksha Scheme in collaboration with the New India Assurance Company and with private clinics. It is an insurance scheme fully funded by the government. It provides hospitalization benefits and personal accident benefits to citizens below the poverty line who undergo sterilization for family planning from government health institutions. The person and two of her/his children below the age of five years are covered under the hospitalization benefit and personal accident benefit schemes for a maximum of Rs. 2000 per hospitalization, and subject to a limit of Rs. 4000 for all treatments taken under one Arogya Raksha Certificate in any one year. In case of death due to any accident, the maximum benefit payable under one certificate is Rs. 10,000/-.

Summing Up

The PPP schemes give the underprivileged ready access to medical help without financial stress in the short-term, and, in the long-term, it leads to improved health status, that indirectly contributes to improved productivity. Increased

demand has also ensured that the health centres function better. In specific terms, a recent study evaluated the impact of Yeshasvini scheme and found that the program has successfully increased utilization of healthcare services and reduced OOP spending, with better health and economic outcomes among the insured. Therefore, community insurance presents a workable model for providing good services in resource-poor settings through an emphasis on accountability and local management.

SECTION III

WHAT ARE THE CHALLENGES FACED BY HEALTH INSURANCE?

- Low penetration of healthcare services and insurance is owed to various difficulties such as reach and accessibility as well as low literacy levels and information penetration.
- Despite efforts to spread the reach of healthcare in India, the out-of-pocket (OOP) expenditure on healthcare is as high as 70% to 80%.
- People end up spending a major portion for healthcare needs from their pockets because in India only tertiary healthcare needs (hospitalization) are covered under any kind of health insurance. A visit to the physician, or a sonography - primary and secondary outpatient healthcare services are not covered under most health insurance options and the patient has to pay from his or her own pocket. Most insurance schemes or policies can be utilized in India only when the patient spends 24 hours on a hospital bed.

- To further the argument, it needs to be noted that health expenditure as percentage of GDP in India (4.7%) is higher than other Asian countries—Malaysia (4.2%), Sri Lanka (3.5.1%), Pakistan (2.6%), and Bangladesh (2.8%) ; however, public spending as percentage of total health expenditure is significantly lower in India (19%) than all these countries except Pakistan. Of the total 1201 INR per capita spent on healthcare in India, Government (both Central and State combined) spending is only 242 INR per capita.

SOME OTHER CHALLENGES :

- There are not many attractive health insurance policies or schemes for informal sector and the people Below Poverty Line.
- Lack of proper awareness about benefits of health insurance and insurance policies.
- No proper attention is given to rural areas for development of health insurance.
- Delay in payment of insurance premium to policy holders by insurance companies.
- Insurance schemes vary widely in terms of benefit packages and have resulted in fragmentation of funds available for healthcare; especially selective allocation to secondary and tertiary care over primary care services.
- Insufficient data on Indian consumers & development disease patterns and limited control of healthcare delivery network resulting in limited product and pricing innovation.

- Lack of standardization in healthcare facilities leading to difficulty in judging the authenticity of procedures & costs.
- Low health insurance penetration and lack of affordability of the investment in healthcare infrastructure.
- Uncontrolled population explosion.

SECTION IV

SOLUTIONS & OPPORTUNITIES

SOLUTIONS:

- The need of the hour is to provide an outpatient cover to the citizens. To put things into perspective, according to a study published in 2014, in the year 2012 14.2% of rural households reported out of pocket expenditure on inpatient services and nearly 78.76% of households reported out of pocket expenditure on outpatient services. The urban figures in the same context are 14.76% and 75.92% respectively. It is hence, clear that both; the demand and expenditure on outpatient services is huge. Therefore, there is a need for appropriate outpatient cover.
- Hospitalization should be broad based to include emergency care, reproductive and child care, minor and selected elective surgical and specialist care. It should also include basic chronic care management organ transplant, paralysis etc.
- In order to finance and deliver services for universal health care (UHC), certain estimates suggest that UHC system will require public expenditures on health to be stepped up from around 1.2% of GDP today to at least 2.5% by 2017 and to 3% of GDP by 2022. Another recent paper found that the cost of universal health care based on a benefit package on lines of Indian Public Health Standards (IPHS) delivered through a combination of public and private providers would be INR 1713 per capita per year, which amounts to 3.8% (2.1-6.8) of GDP in India.
- Insurance policy documents should be presented more transparently so that people are able to choose the right product.
- Health Insurance portability should be a permissible feature. This will allow all existing health insurance policyholders to freely switch their policy to another insurance company, without losing on benefits like the credit earned on pre-existing diseases and no claim bonus etc.
- Preventive services should be the mainstay of the program which should include immunization, antenatal care, health education, and screening for chronic diseases so that chronic healthcare/insurance cases are considerably reduced.
- Public-Private Partnership holds the answer to improving the health insurance services for the underprivileged.

Therefore, Government needs to play a proactive role of bringing all stakeholders including private sector as well as NGOs together.

- Other solutions include –
 - ▶ Creating awareness on Rights & Responsibilities
 - ▶ Standardization of Cost Gradation of Health service provider
 - ▶ Government role on mass healthcare initiatives
 - ▶ Innovation in product offerings
 - ▶ Standardization in pricing solutions
 - ▶ Use of technology for scalability as well as mechanisms for data & information exchange
 - ▶ Effective birth control measures

OPPORTUNITIES AVAILABLE:

India is witnessing significant growth on key development parameters which is a good sign for the health security particularly of the underprivileged. The national agenda places high priority to investment in social sectors such as education and health. National Health Mission has been strengthened. Thus, there are a host of opportunities to push forward the agenda of universal health insurance in India.

- While taking care of hospitalization needs of individuals is of high importance, it is also desirable to enable individuals to utilize primary and secondary healthcare in a similar manner. If early treatment of an ailment can prevent hospitalization, not only does it save the patient emotional stress and pain but benefits the ecosystem of healthcare socially

and economically too. Thus, we need to quickly move towards addressing these needs and creating a system, which enables coverage of primary and secondary care for all. The grassroots network of community health volunteers, ASHAs as well as AWW may mobilise support towards this direction

- Use of technology has the potential to completely change the dynamics of the health coverage space as well as create scalable models of change. Technology must make accessibility possible for the end beneficiary. Such technology will not only bring in the much-needed transparency in processes but also, aid the governing authority to monitor data and have the power to generate meaningful information out of this data. Healthcare trends and utilization patterns can be mapped using this data to alter the tools required to fulfil consumer needs appropriately.
- Agencies such as State Health System, Indian Medical Association and Third Parties Administrators (TPAs) need to be working in a synergistic mode for professional regulation of health insurance in India. While Insurance Regulatory and Development Authority of India (IRDAI) needs to concentrate more on accessibility, quality and affordability dimensions of the health insurance sector.
- Adequate dissemination mechanisms need to be created to build proper awareness about health insurance policies and insurers with focus on people from informal sector and the

people Below Poverty Line (BPL).

- Government needs to encourage development of Community Based Health Insurance schemes through subsidies and technical support since they have potential to provide risk pooling for informal sector, building awareness for insurance, and harnessing social solidarity.
- Public and Private Partnership (PPP) need to be encouraged to speed up the progress path of health insurance sector in India with special attention to rural populace. The scheme should be operated through both public and private mix of providers. This is considering the poor access of public health infrastructure, especially in remote and disadvantaged areas. It is envisaged to increase access for underprivileged and generate competition to drive efficiency.
- Unless public sector institutions are given autonomy and incentives, it is unlikely that they will compete for insurance fund. Initial experience with the RSBY in Kerala has suggested that provision of incentives at Government healthcare facilities is an effective strategy to strengthen the public sector utilization and improving its infrastructure.
- The new Companies Act of 2013 mandates corporates to spend 2% of their profits on CSR activities. The government can take this opportunity to partner with the private sector, leading to a huge improvement in healthcare delivery in India through a combination of good infrastructure, latest technology and the best available medical expertise.

- Universal Health Insurance Scheme (UHS) should be increased in coverage from its current focus on BPL to covering the entire population. Premium should be based on ability to pay and linked to collection of direct general tax revenue. Government would be required to heavily subsidize BPL from general tax revenue. Enrolment should be mandatory to generate extra resources from rich and to create a large risk pool to cross-subsidize underprivileged and high risks.

If the right forces join hands to provide healthcare services, backed by effective technology, India can certainly move closer to achieving universal healthcare and HEALTH SECURITY for All.

SECTION V

HEALTH SECURITY – NEED FOR HOLISTIC APPROACH

Whilst the document has delved into the health insurance aspect, health security is determined by a host of other factors like education, manpower availability, infrastructure, environment and many more. Therefore, the need of the hour is to take a holistic approach to make the goal of HEALTH FOR ALL a reality.

The country is witnessing a remarkable increase in literate population. As per the

census of 2011, the literacy rate stands at 74.04% against the literacy rate of 14% at the time of independence. High literacy rates mean higher awareness about health aspects which in turn means that there are higher expectations from the health sector. However, the infrastructure and facilities have not been able to keep pace.

India is seeing a technological boom which has made inroads into the health sector too. Increased use of technology in diagnostics and treatment of diseases, together with the rising knowledge and expectations of the population regarding therapeutic measures has led to an increase in the cost of treatment. This has led to issue of inequity or affordability in accessing health services which is further aggravated since 26.97 crore (21.9%) of the population is living below poverty line.

Further, out of the GDP spending of 5% on health; nearly 80% is in form of Out-of-pocket (OOP) expenses. Over 60% of the OOP health expenditure is on medicines. The public expenditure on health as percentage of GDP was 1.08% in 2012-13 whilst per capita public expenditure on health was Rs. 890 for the same period. A further analysis reveals that Centre: State share in total public expenditure on health was 33:67 in 2012-13. The share of Centre in total public expenditure on health has been declining steadily over the years. The ramifications of this peculiar situation need to be further analyzed.

Skilled manpower for health services is one of the pre-requisite for efficiency of health system.

Whilst the population has been burgeoning, the skilled manpower remains a constraint. Therefore, we see acute shortage of skilled doctors, nurses, lab technicians, etc. As per the Parliamentary Standing Committee report on the Medical Council of India, the doctor patient ratio is around 1:2000 which makes it an alarming situation. It is approx. 50% less than the norm set by the World Health Organisation of 1:1000.

There is inadequate health infrastructure on the ground. The necessary equipments as well as medicines are also insufficient. What compounds the problem is that many of these health centres are grappling with the issue of inadequate staff which further eludes the common man from the health services. Almost 69% of India's population lives in its villages whereas only about 26% of its doctors serve here. Of these, the majority are in the private sector, which is economically beyond the reach of a large proportion of the population. There was huge shortfall of surgeons (83.4%), obstetricians & gynaecologists (76.3%), physicians (83.0%) and paediatricians (82.1%) in the CHCs in the rural area. Overall, there was a shortfall of 81.2% specialists at the CHCs vis-a-vis the requirement for existing CHCs.

India continues to struggle with the problem of the population explosion. The estimated birth rate declined from 25.8 in 2000 to 21.6 in 2012 while the death rate declined from 8.5 to 7.0 per 1000 population over the same period. However, the population continues to grow as the decline in birth rate is not as rapid as decline in death rate. This phenomenon is putting more pressure on

the existing resources. The population density of India in 2011 was 382 per sq.km. More and more people are heading to urban areas and the infrastructure is crumbling under high population density which is leading to increase / spurt in the disease burden. India accounts for a meagre 2.4 percent of the total world's surface area of 1357.9 lakh sq. Km.

Due to rise in urbanization and change in life style, non-communicable diseases like cancer, diabetes, cardiovascular diseases, chronic obstructive pulmonary diseases, etc are on rise. On the other hand, communicable diseases like tuberculosis, malaria, dengue fever, and other vector borne and water borne diseases like cholera and diarrhoea continue to be major public health problems in India. In fact diarrhoea, respiratory infections, tuberculosis and malaria cause about one-fourth of all deaths in the country. In addition, there is always threat of new emerging and re-emerging diseases like Ebola virus, Novel H1N1 Influenza virus, etc. Hence, new challenges are being posed due to rampant urbanization.

Depletion of ground level water as well as influx of chemicals and waste substances is contaminating sizeable quantity of drinking water. Approximately 50% population defecates in open which further aggravates the problem of contamination of drinking water. This has led to steep increase in the number of water borne diseases.

There is a strong correlation between health and environment. High pollution levels,

deforestation as well as depleting ground level water have been the reason for various life threatening health problems. Wouldn't it be more cost efficient if these environment issues are addressed rather than the outcomes? The Strategic Development Goals have been reiterating this approach. Would the policy makers and implementers embrace the much needed paradigm shift for the well-being of the People & the Planet? If the root causes are addressed, overall costs spent on healthcare will reduce significantly which would mean indirect profit that can be used for other meaningful purposes.

In this context, Health Security for ALL can be the driver and benefit the entire population. The need of the hour is to address persisting inequality in health status through affordable and accessible health services along with having a sustainable perspective to industrialization and urbanization. Also, greater focus has to be on preventive healthcare since real opportunity for change lies there.

SECTION VI

CONCLUSION:

Health insurance needs to be reckoned as a basic human right to be accomplished by meeting health care needs of the underprivileged. The health insurance sector which covered 28.80 crore lives under insurance policies in FY 2014-15 needs to gear up for the same. With a projected insurable population of about 1 billion for health

insurance by 2025, the average life expectancy expected to be reaching 74 years by 2020 (from the existing 66 years) and about 75% to 80% of medical expenses of average households at present being met out of pocket, it is widely considered that health insurance has a rewarding role to play. Report of the committee on India Vision 2020 constituted by the then Planning Commission in its report in December 2002 recognized that health insurance can play an invaluable role in improving health care system in India. Availability of health infrastructure also spurs the demand for health insurance. There has been a significant improvement in the product innovation in the health insurance segment which has offered ample opportunity to various categories of the population to get covered with specific health insurance solutions. The product innovation solutions have in turn enhanced the penetration of health insurance.

Keeping in view both the need and the potentiality of the sector, Insurance Laws (Amendment) Act, 2015 recognized Health Insurance as a class of business enabling the incorporation of standalone health insurance companies. Section (6) (c) of the Act defined health insurance business as 'effecting of contracts which provide for sickness benefits or medical, surgical or hospital expense benefits, whether in-patient or out-patient travel cover and personal accident cover'. This recognition is sure to usher in an era of improving an access to the health services to the entire range of population, thereby reducing the share of 'out of pocket' expenses in the overall expenses incurred

towards health expenses. Availability of a number of players who offer health insurance solutions also enhances health insurance awareness leading to a reasonable demand that in turn helps in offering health insurance products at economical prices. This increase in FDI cap to 49% in the year 2014-15, coupled with recognizing Health Insurance as a special class, is likely to attract a number of players offering a range of health insurance solutions to the Indian insuring public.

Further the Government is likely to introduce a National Health Policy wef 1st April 2017. The draft policy also emphasizes the need for publicly financed health insurance to enhance the availability of affordable Health Insurance coverage to all the people. If all the key stakeholders join hands together to provide healthcare services, backed by effective technology, India can certainly move closer to achieving universal HEALTH CARE AND SECURITY for All.

References:

1. ETHHealthWorld.com, An initiative of Economic Times, dated July 9, 2015
2. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483505/>
3. http://www.worldwidejournals.com/paripex/file.php?val=March_2015_1426070841__25.pdf
4. Airey, D. (2006). How does colour psychology work? Retrieved October 19, 2007
5. National Health Profile 2015 by Central Bureau of Health Intelligence
6. http://www.nhp.gov.in/national-health-insurance-schemes_pg

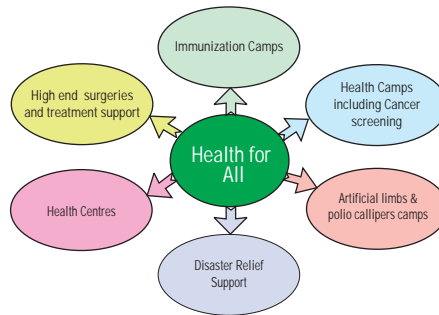
MAX INDIA FOUNDATION CARING FOR LIFE

The CSR Platform is a significant tool towards addressing healthcare for the underprivileged.

Max India Foundation (MIF) founded in 2008, is the CSR arm of Max Group. Guided by the vision of “Care for Life”, the Foundation has so far benefitted over 1.72 million underserved people across 670 locations in the country. Max India Foundation has been at the forefront of providing holistic health care to the underprivileged through a gamut of curative, preventive as well as promotive interventions as listed below:

- Immunisation camps to protect children against life-threatening diseases. Max India Foundation has immunized 59,364 children through 996 camps pan India. A total of 1,21,043 shots of MMR, Typhoid, Hep B and DT have been given. A strict protocol is observed and only 100 children are immunized at each camp.
- Multi-speciality health check-up camps for the underprivileged have been held in various semi-urban and rural locations where there is no access to specialized medical treatment. 255,797 patients have been treated through 1040 camps across India so far. Besides this, Max Hospital doctors have served at the Lifeline Express treating 85,426 patients till date.
- Facilitating surgery and treatment for the very needy; palliative care for cancer patients and support to treat childhood cancers. Over 5,127 patients provided support.
- Setting up permanent Health Centres where there is no facility available. These provide free consultation and medicine. Nearly, 228,528 patients have so far been treated at the MIF health centres which are located in Railmajra, Punjab; Jamghat Day Care Centre, Delhi; Ukhimath, Mussoorie and Purukul Health Centre, Uttarakhand and Chinmaya Mission, in Delhi. MIF also supports India Foundation health clinic, St. Judes and Can Support Health Centre.
- Spreading health awareness through talks, films, counselling sessions and specific events.
- Providing free artificial limbs and polio callipers at camps and specialised institutions. Over 4,693 people have benefitted so far.
- Village Adoption Project – Two village clusters in Uttarakhand – Dhakrani and Chandrothi Gram Sabha have been adopted by Max India Foundation for intervention on the issue of health, sanitation and waste management. The objective is to improve the overall health and well-being of the villagers through a clean and healthy environment.
- Capacity Building Training of Traditional Birth Attendants, General Duty Attendants for hospitals and First Aid in schools. More than 1650 Community Health Workers trained.
- Relief support during disaster, MIF has extended whole hearted support on ground zero whenever required including the recent Nepal earthquake and Chennai floods. The support has been essentially in the form of medicines and medical supplies, health checkups by qualified team of doctors, etc.

- There is a strong correlation between health and environment. Realizing the significance of the same, MIF has been leading health awareness campaigns so that the quality of life can be enhanced for all.



MIF'S MANDATE ALIGNED TO NATIONAL & INTERNATIONAL DEVELOPMENT AGENDA

The Mission of Max India Foundation is well aligned to the national agenda of HEALTH FOR All. The Foundation echoes the National Health Mission's objective of providing accessible, affordable and quality universal healthcare including preventive and curative healthcare.

Similarly, MIF has been furthering the international development agenda as enshrined under Strategic Development Goals (SDGs). Max India Foundation has been specifically working on the following goals:

GOAL No.	GOAL Statement	MIF's Intervention
3 GOOD HEALTH AND WELL-BEING 	Ensure healthy lives and promote well-being for all at all ages	Over 1.7 million underprivileged people provided with healthcare
6 CLEAN WATER AND SANITATION 	Ensure availability and sustainable management of water and sanitation for all	Environment Awareness campaigns. Also through village adoption programme with focus on interventions around health, sanitation, waste management and clean drinking water
1 NO POVERTY 	End poverty in all its forms everywhere	Providing free health treatment helps poor to remain free from falling into the trap of debt and thereby come out of the vicious cycle of poverty

SUPPORTING HIGH-END SURGERIES AND TREATMENT FOR ECONOMICALLY WEAKER PEOPLE

So far, Max India Foundation has supported over 5,127 high-end surgeries for the underprivileged who have no insurance support to count upon. These are essentially people from economically weak families with special focus on children and women. These surgeries include a large number of pediatric cardiac surgeries, brain tumor surgeries, reconstructive surgeries, neuro surgeries, orthopedic surgeries, cataract surgeries, oncology care and renal which are the most common ailments for pushing the underprivileged into the vicious cycle of poverty or continuous situation of debt. This intervention has been able to bring a ray of hope in the lives of the underprivileged in need of dire medical support.

MAX BUPA HEALTH INSURANCE – SERVING THE UNDERPRIVILEGED UNDER RSBY

At Max Bupa, about 1 Million lives and 3.5 Lac families have been insured in Kalahandi, Sonapur and Nayagarh Districts of Odisha since 2013 through the RSBY Scheme. Out of these 3.5 Lac families, there are close to 67,000 households employed under MNREGA scheme. The BPL Family has to pay a onetime card cost fee of Rs 30/- and the family is provided a health coverage of Rs. 30,000/-.

SUMMING UP

Through a host of programs, Max Group in its own small ways has been doing its bit to provide quality based accessible, affordable and cost effective healthcare services in the country to complement the Government's efforts of providing HEALTH for All.



THE KNOWLEDGE ARCHITECT OF CORPORATE INDIA

EVOLUTION OF VALUE CREATOR

ASSOCHAM initiated its endeavour of value creation for Indian industry in 1920. Having in its fold more than 400 Chambers and Trade Associations, and serving more than 4,50,000 members from all over India. It has witnessed upswings as well as upheavals of Indian Economy, and contributed significantly by playing a catalytic role in shaping up the Trade, Commerce and Industrial environment of the country.

Today, ASSOCHAM has emerged as the fountainhead of Knowledge for Indian industry, which is all set to redefine the dynamics of growth and development in the technology driven cyber age of 'Knowledge Based Economy'.

ASSOCHAM is seen as a forceful, proactive, forward looking institution equipping itself to meet the aspirations of corporate India in the new world of business. ASSOCHAM is working towards creating a conducive environment of India business to compete globally.

ASSOCHAM derives its strength from its Promoter Chambers and other Industry/Regional Chambers/Associations spread all over the country.

VISION

Empower Indian enterprise by inculcating knowledge that will be the catalyst of growth in the barrierless technology driven global market and help them upscale, align and emerge as formidable player in respective business segments.

MISSION

As a representative organ of Corporate India, ASSOCHAM articulates the genuine, legitimate needs and interests of its members. Its mission is to impact the policy and legislative environment so as to foster balanced economic, industrial and social development. We believe education, IT, BT, Health, Corporate Social responsibility and environment to be the critical success factors.

MEMBERS – OUR STRENGTH

ASSOCHAM represents the interests of more than 4,50,000 direct and indirect members across the country. Through its heterogeneous membership, ASSOCHAM combines the entrepreneurial spirit and business acumen of owners with management skills and expertise of professionals to set itself apart as a Chamber with a difference.

Currently, ASSOCHAM has more than 100 National Councils covering the entire gamut of economic activities in India. It has been especially acknowledged as a significant voice of Indian industry in the field of Corporate Social Responsibility, Environment & Safety, HR & Labour Affairs, Corporate Governance, Information Technology, Biotechnology, Telecom, Banking & Finance, Company Law, Corporate Finance, Economic and International Affairs, Mergers & Acquisitions, Tourism, Civil Aviation, Infrastructure, Energy & Power, Education, Legal Reforms, Real Estate and Rural Development, Competency Building & Skill Development to mention a few.

INSIGHT INTO 'NEW BUSINESS MODELS'

ASSOCHAM has been a significant contributory factor in the emergence of new-age Indian Corporates, characterized by a new mindset and global ambition for dominating the international business. The Chamber has addressed itself to the key areas like India as Investment Destination, Achieving International Competitiveness, Promoting International Trade, Corporate Strategies for Enhancing Stakeholders Value, Government Policies in sustaining India's Development, Infrastructure Development for enhancing India's Competitiveness, Building Indian MNCs, Role of Financial Sector the Catalyst for India's Transformation.

ASSOCHAM derives its strengths from the following Promoter Chambers: Bombay Chamber of Commerce & Industry, Mumbai; Cochin Chambers of Commerce & Industry, Cochin; Indian Merchant's Chamber, Mumbai; The Madras Chamber of Commerce and Industry, Chennai; PHD Chamber of Commerce and Industry, New Delhi.

Together, we can make a significant difference to the burden that our nation carries and bring in a bright, new tomorrow for our nation.

D. S. Rawat

Secretary General
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The Associated Chambers of Commerce and Industry of India

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ASSOCHAM OVERSEAS OFFICES

