ΛBJ FOUNDATION

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|| अभ्युदय भारत जयतु ||

|| Abhyudaya Bharatt Jayatu ||

"सर्वे संतु निरामयाः" इस कल्याणकारी भावना को वास्तविक धरातल पर फलीभूत करने के सर्वश्रेष्ठ उद्देश्य के प्रति वर्षों से समर्पित एवं विश्वगुरु की तरफ अग्रसर होते भारत के प्रत्येक नागरिक की स्वास्थ्य सम्बंधी अति महत्वपूर्ण मूलभूत सुविधा के प्रति ABJ Foundation की उत्कृष्ट सोच, उत्थान दायक परियोजना एवं उत्तम परिणाम का सर्वहितकारी घोतक.......अभ्युदय भारत जयतु

HEALTH CARE FOR ALL

A

Concept Note

Content

ABJ FOUNDATION

ABOUT ABJ FOUNDATION

ABJ Foundation, a Charitable Trust incorporated Under leadership of Mr. Jitendra Kumar Hati, the Chairman, in the year 2021, has its registered office at Bright Residency. Flat no A1-304, Jagannath nagar, Road no 12,GGP 751025,Bhubaneswar, Odisha. ABJ Foundation envisions to undertake multi-dimensional healthcare services not just to bridge existing gaps in healthcare sector but also to raise the standards of healthcare infrastructure, especially to cope-up with inadequate primary-healthcare as well as critical-healthcare facilities at rural and urban areas .

Further aiming in providing all citizen of India with One health Insurance card accessable   and acceptable at all Government Hospitals Of India.

VISION & THE VISIONARY

Rooted with strong values of equality, ethics and uniformity, Mr. Jitendra Kumar Hati comes from a humble background that naturally brings about in him an inclination for uplift of downtrodden. By rising from poverty with extra-ordinary resilience, his success story talks in volumes about his sincere practices to contribute back to the society.

Being a victim of the COVID 19 during phase 2020/21,the subsequent critical issues experienced during our health care system due to which thousands lost live and millions suffered in our state, in other states and around world as well. This life time experienced by Shri Jitendra kumar hati encouraged him go for world class super speciality facility hospital for all communities including marginalized and in accessible communities.

Mr. Jitendra kumar hati firmly believes in being mindful while dwelling in socially & medically transformational era. For having a laser focus on the developmental goals, Mr. Jitendra kumar hati precisely understands the concept of scalability in healthcare sector with his vast experience, immense knowledge and peerless devotion, to rise above all odds.

AIM & OBJECTIVE

The objective of ABJ foundation is to support economically challenged and underprivileged population, the key beneficiary of our society by offering them affordable solutions to premium-quality yet easily- accessible healthcare facilities under comprehensive, hi-tech and multi-infrastructure at their doorstep under one roof.

Plan of Action:

The Charitable Trust is determined to establish a chain of Internationally Standardized, Super-Specialty Hospitals and Diagnostics Centres, PAN India for underprivileged masses, which aims to get facilitated with 100% Insurance-based Cashless Benefit and 0% hidden cost guarantee.

KEY-HIGHLIGHTS OF THE PLAN

- Creation and improvement of long-term public healthcare infrastructure, which may be developed to uniformly implement across the nation.
- Planning, Development and Implementation of a chain of super specialty hospitals facilitated with 2000+ beds in every capital of all States along with Medical college and University which will be connected with all District headquarters with Up-gradation of hospital beds and installation of Hi Tech Diagnostic centres under one roof.
- The objective is to provide 360 degree complete support for rural health and wellness centres in all high-focus states of the country which will bridge the Gap between the Rural and Urban Health care.
- State-wise established and comprehensively designed super specialty hospitals to be fully equipped for granting direct access to all beneficiaries of:
  1. EPL, BPL, EWS.
  2. Government Health Cards like Ayushman Bharat by Central Govt.
  3. Biju Swastya Kalyan Yojna (BSKY) of Odisha.
  4. Private Health Insurance card.

And all others similar category to be easily covered for availing superior healthcare facilities and their related benefits - all under one roof.

- The Foundation to have a PPP Module agreement with the Central and State Govt. for operating the same in Ratio of 50:50 basis (i.e.: 50% reserved for EPL, BPL, EWS while 50% reserved for the common people who are backed-up by Health Insurance Cards).
- Critical care services to be available across the country through exclusive critical care hospital blocks.
- People to have access to a full range of diagnostic services in the public healthcare system through placements of:
1. Integrated network of laboratories
2. Exclusive critical care hospitals
3. Integrated public health care centres.

TENTATIVE BUDGET

Below matrix is to bring clarity on frame of calculation for an estimated project budget, in-terms of tentative cost for a single state of ODISHA. **(To lay a tentative estimation of the Insurance Scheme, we have intentionally chosen Odisha which, on successful accomplishments, would become a Pilot-State for others states to replicate the present action plan).**

STATE 'ODISHA' COST CALCULATION**

- A 2000+ Beds Super Speciality Hospital along with Medical College & University at Bhubaneswar at a cost of 2500 Cr.
- 30 Hitech Diagnostic Centres in Each District Headquarters Hospital at a cost of 1500 Cr.
- Re-modification & Up-gradation of Each District Headquarter Hospital with 200 Beds at a cost of 6000 Cr. (200 Cr. for each District X 30 Districts)

THE TOTAL COST FOR ODISHA COMES TO 10000 CR.

- The First phase will deliver the building of 2000 +beds Super Speciality Hospital and Medical College & University at Bhubaneswar and 30 Hi-Tech Diagnostic centres at District Headquarters of Odisha at a time span of 3.5 years completion and handover.
- The Second phase will deliver with the Re-modification and Up-gradation of all 30 District Headquarter Hospitals to 200+beds Super speciality satellite hospitals.

(**Please Note: The above projections are based on approximation, however original figures will be calculated post conducting a specific survey).

- For aligning advanced healthcare system, ABJ Foundation wishes to undertake necessary roles and responsibilities to embark upon a journey towards building a healthy India for a healthier future.

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SRINAGAR
SHIMLA
CHANDIGARH
SRINAGAR
DELHI
JAIPUR
LUCKNOW
GANGTOK
ITANAGAR
DISPUR
KOHIMA
SHILLONG
IMPHAL
AGARTALA
AIZWAL
PATNA
AHMEDABAD
BHOPAL
RANCHI
KOLKATA
RAIPUR
BHUBANESWAR
MUMBAI
HYDERABAD
PANAJI
BANGALURU
AMARAVATI
THIRUVANANTHAPURAM
CHENNAI

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**Proposed Super Speciality Hospital
in Every Capital State of India**

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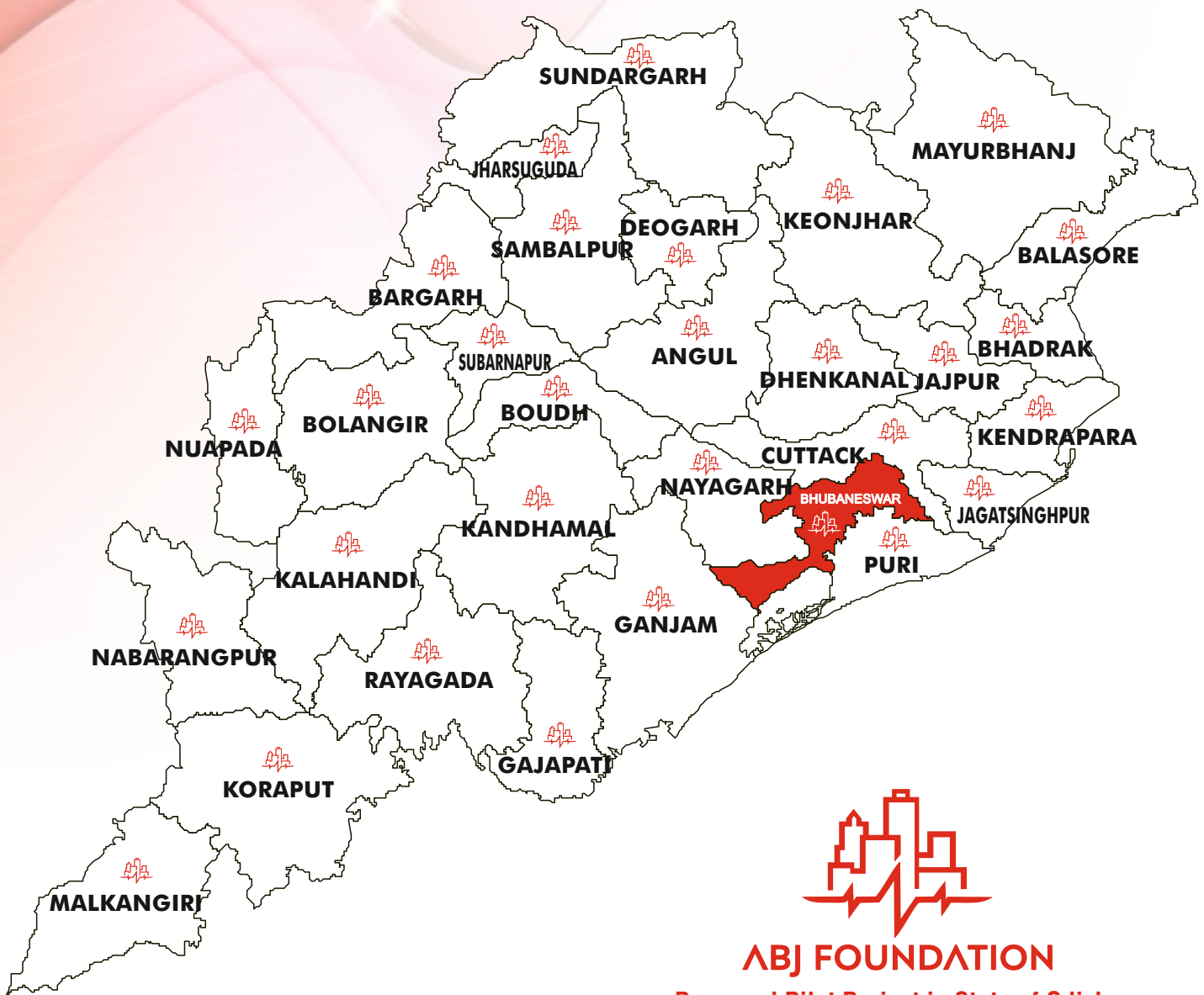
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Proposed Pilot Project in State of Odisha

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INTRODUCTION

Healthcare has become one of India's largest sectors, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

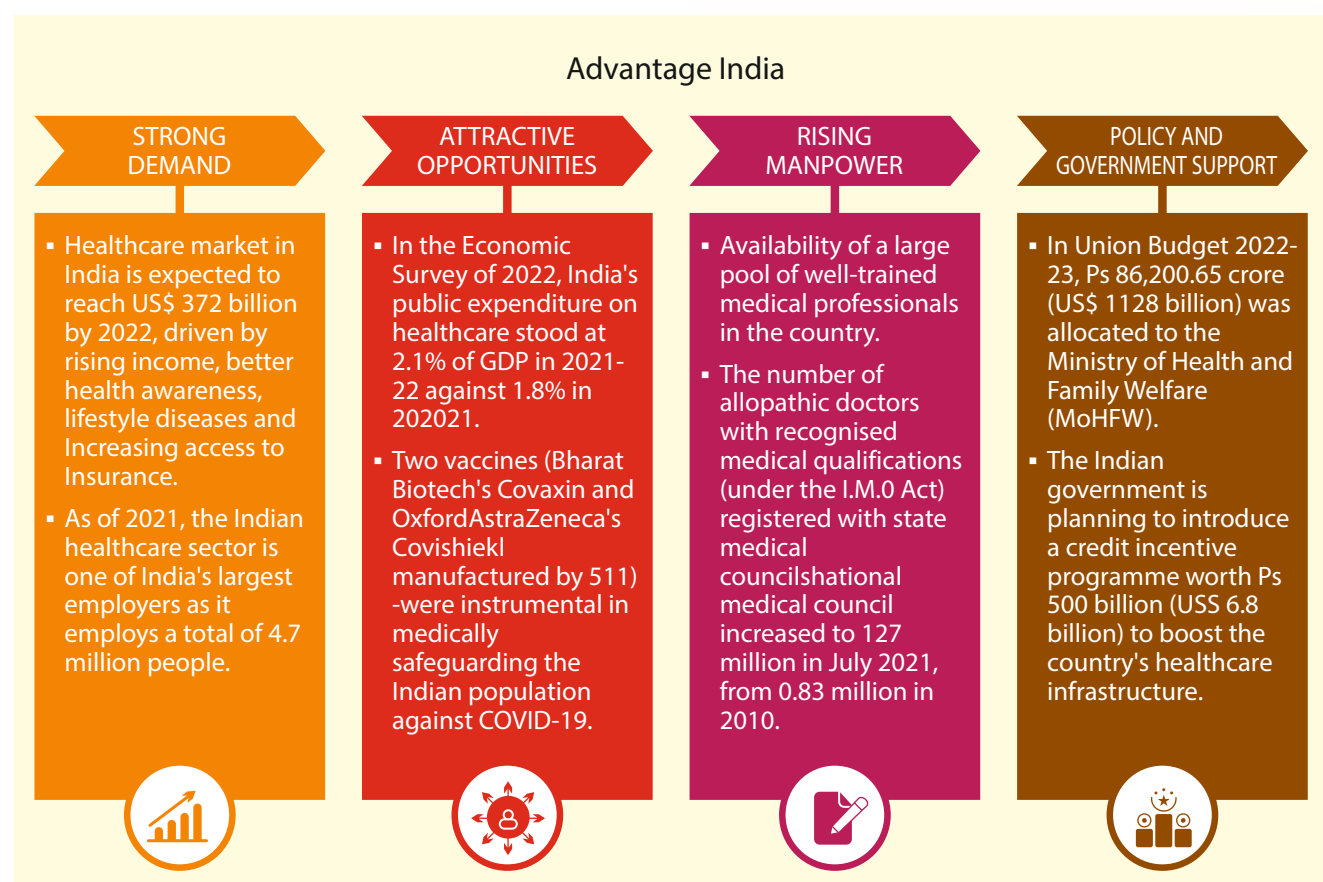India's healthcare delivery system is categorized into two major components public and private. The government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas. The private sector provides majority of secondary, tertiary, and quaternary care institutions with major concentration in metros and tier-I and tier-II cities.
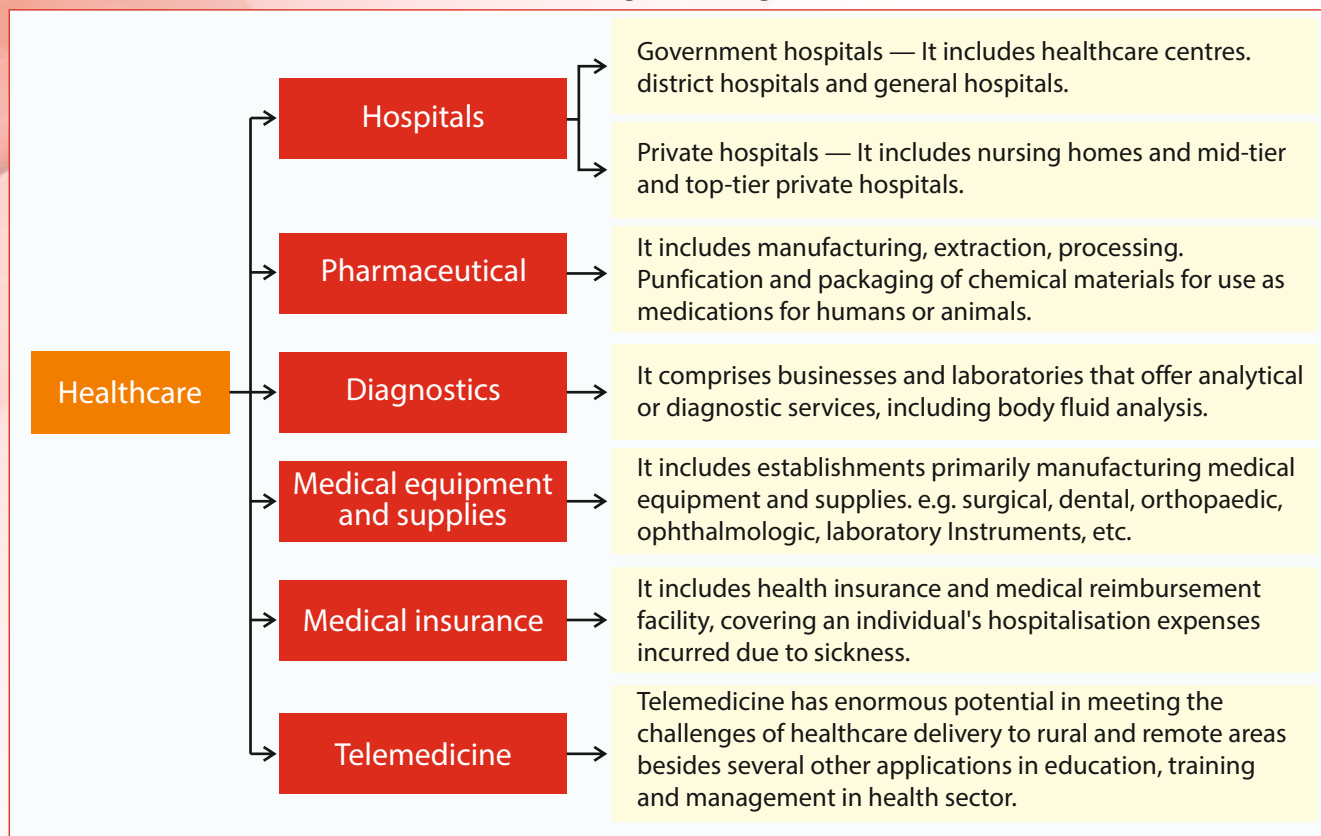
India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe.

During 2020-2021 India's action on combating the pandemic shows strength that country poses. As of March 21, 2022, more than 181.52 cr. COVID-19 vaccine doses have been administered across the country is one of biggest example. So what this country required then? Two major aspect still lacking. A world class healthcare infrastructure that accessed by all sections of community and sizable pool of health care professional, whether it is doctors or allied health works. At the current situation advantage with India, and a right time to take interest and action by the aspiring entrepreneurs'.

Advantage India

STRONG DEMAND

- Healthcare market in India is expected to reach US$ 372 billion by 2022, driven by rising income, better health awareness, lifestyle diseases and Increasing access to Insurance.

- As of 2021, the Indian healthcare sector is one of India's largest employers as it employs a total of 4.7 million people.

ATTRACTIVE OPPORTUNITIES

- In the Economic Survey of 2022, India's public expenditure on healthcare stood at 2.1% of GDP in 2021-22 against 1.8% in 202021.

- Two vaccines (Bharat Biotech's Covaxin and OxfordAstraZeneca's Covishiekl manufactured by 511) -were instrumental in medically safeguarding the Indian population against COVID-19.

RISING MANPOWER

- Availability of a large pool of well-trained medical professionals in the country.

- The number of allopathic doctors with recognised medical qualifications (under the I.M.0 Act) registered with state medical councilshational medical council increased to 127 million in July 2021, from 0.83 million in 2010.

POLICY AND GOVERNMENT SUPPORT

- In Union Budget 2022-23, Ps 86,200.65 crore (US$ 1128 billion) was allocated to the Ministry of Health and Family Welfare (MoHFW).

- The Indian government is planning to introduce a credit incentive programme worth Ps 500 billion (USS 6.8 billion) to boost the country's healthcare infrastructure.

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INDIA HEALTH CARE SECTOR OVERVIEW

The Indian Health Care Sector Functions through Five Segments

	Hospitals	Government hospitals — It includes healthcare centres. district hospitals and general hospitals.
		Private hospitals — It includes nursing homes and mid-tier and top-tier private hospitals.
Healthcare	**Pharmaceutical**	It includes manufacturing, extraction, processing. Punfication and packaging of chemical materials for use as medications for humans or animals.
	Diagnostics	It comprises businesses and laboratories that offer analytical or diagnostic services, including body fluid analysis.
	Medical equipment and supplies	It includes establishments primarily manufacturing medical equipment and supplies. e.g. surgical, dental, orthopaedic, ophthalmologic, laboratory Instruments, etc.
	Medical insurance	It includes health insurance and medical reimbursement facility, covering an individual's hospitalisation expenses incurred due to sickness.
	Telemedicine	Telemedicine has enormous potential in meeting the challenges of healthcare delivery to rural and remote areas besides several other applications in education, training and management in health sector.

Strong Growth In health care Sector Over the Years:

- Healthcare has become one of India's largest sectors, both in terms of revenue and employment. The industry is growing at a tremendous pace owing to its strengthening coverage, service and increasing expenditure by public as well private players.

- Between 2016–22, the market is expected to record a CAGR of 22.52%.

- The total industry size is estimated to reach US$ 372 billion by 2022.

- The e-health market size is estimated to reach US$ 10.6 billion by 2025.

Healthcare Sector Growth Trend (US$ Billion)

CAGR: 22.52%

(Bar chart with values by year: 2016, 2017, 2020, 2022F; y-axis from 0 to 400)

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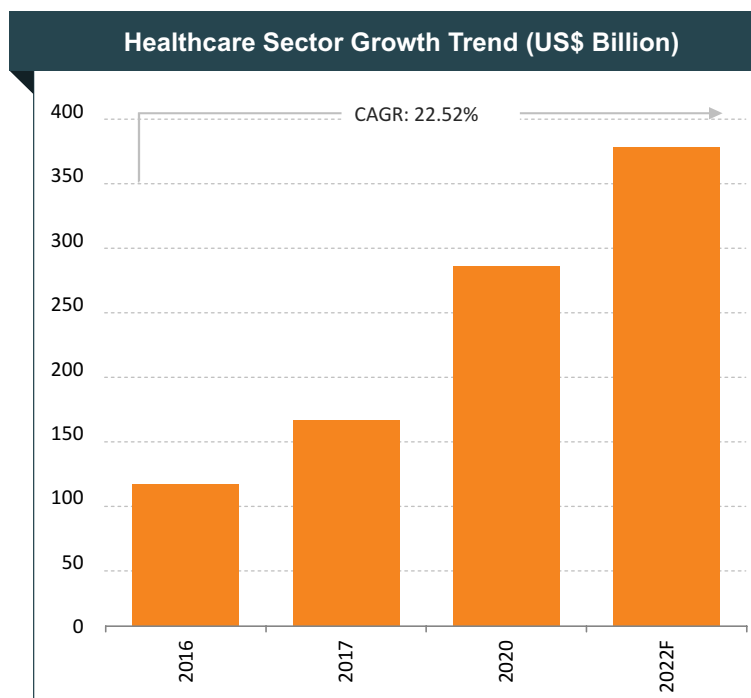
INDIA HEALTH CARE MARKET SIZE

The Indian healthcare sector is expected to record a three-fold rise, growing at a CAGR of 22% between 2016–2022 to reach US$ 372 billion in 2022 from US$ 110 billion in 2016.

By FY22, Indian healthcare infrastructure is expected to reach US$ 349.1 billion.

As of 2021, the Indian healthcare sector is one of India's largest employers as it employs a total of 4.7 million people. The sector has generated 2.7 million additional jobs in India between 2017-22 -- over 500,000 new jobs per year.

In the Economic Survey of 2022, India's public expenditure on healthcare stood at 2.1% of GDP in 2021-22 against 1.8% in 2020-21 and 1.3% in 2019-20.

A growing middle-class, coupled with rising burden of new diseases, are boosting the demand for health insurance coverage. With increasing demand for affordable and quality healthcare, penetration of health insurance is poised to expand in the coming years. In FY21, gross direct premium income underwritten by health insurance companies grew 13.3% YoY to Rs. 58,572.46 crore (US$ 7.9 billion). The health segment has a 29.5% share in the total gross written premiums earned in the country. The Indian medical tourism market was valued at US$ 2.89 billion in 2020 and is expected to reach US$ 13.42 billion by 2026. According to India Tourism Statistics at a Glance 2020 report, close to 697,300 foreign tourists came for medical treatment in India in FY19. India has been ranked 10th in the Medical Tourism Index (MTI) for 2020-21 out of 46 destinations by the Medical Tourism Association.

The e-health market size is estimated to reach US$ 10.6 billion by 2025. As of January 2022, the number of medical colleges in India stood at 595. As per information provided to the Lok Sabha by the Minister of State for Health & Family Welfare, Dr. Bharati Pravin Pawar, the doctor population ratio in the country is 1:854, assuming 80% availability of 12.68 lakh registered allopathic doctors and 5.65 lakh AYUSH doctors.

OPPORTUNITIES IN HEALTH CARE

Healthcare infrastructure

- Additional three million beds will be needed for India to achieve the target of 3 beds per 1,000 people by 2025. Also, India will have one doctor to every 800 patients by 2030.
- Additional 1.54 million doctors and 2.4 million nurses will be required to meet the growing demand for healthcare. 58,000 job opportunities are expected to be generated in the healthcare sector by 2025.
- Over US$ 500 billion is expected to be spent on medical infrastructure by 2030.
- Over the years, India has made strategic interventions in National Health Mission and the national disease control programmes to ensure quality Health care for all.

Research

- On January 6, 2021, Dr. Harsh Vardhan, the Minister for Health & Family Welfare, released INDIA REPORT on Longitudinal Ageing Study of India (LASI) Wave-1. He stated that this report will be used to further improve and expand the reach of the 'National Elderly Health Care' network and contribute to the implementation of a spectrum of preventive and healthcare services for the elderly and vulnerable population.
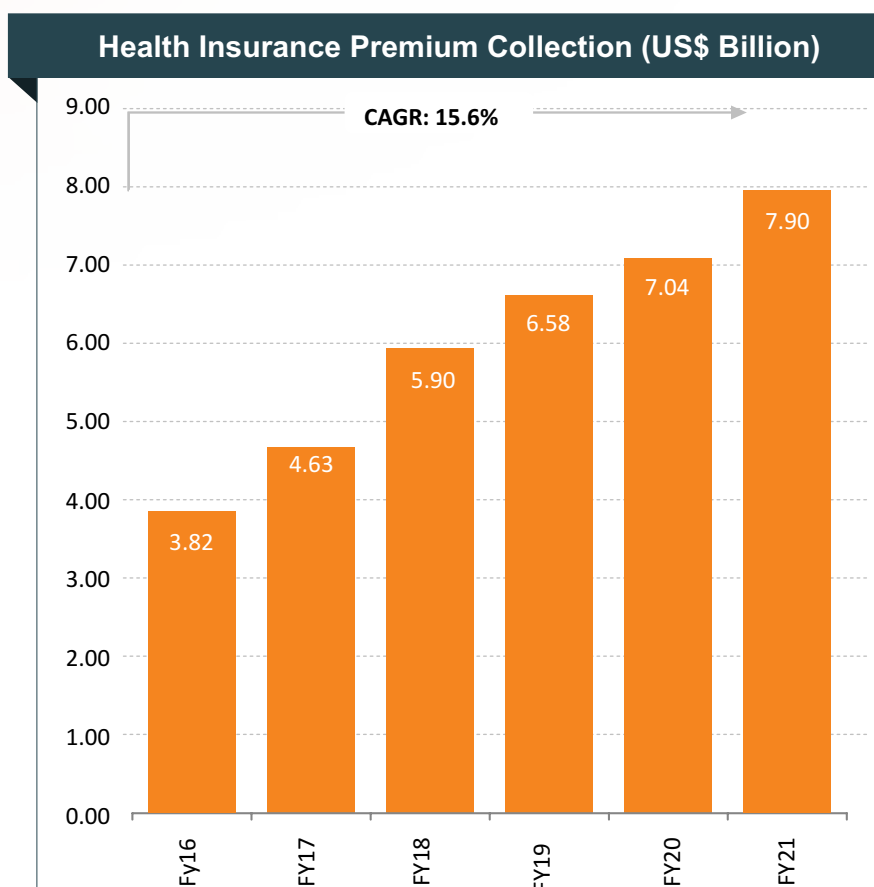
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Health-tech

- India currently holds the fourth position in attracting VC funding to the health-tech sector, with investments of US$ 4.4 billion between 2016 and 2021, with US$ 1.9 invested in 2021 alone.
- Startup Healthily Me, with a total user base of 30 million people, is adding half a million new users every month and crossed US$ 40 million ARR in January 2022.
- During June 2021, Tata Digital Limited, a 100% subsidiary of Tata Sons Private Limited, acquired a majority stake in digital health company 1mg.
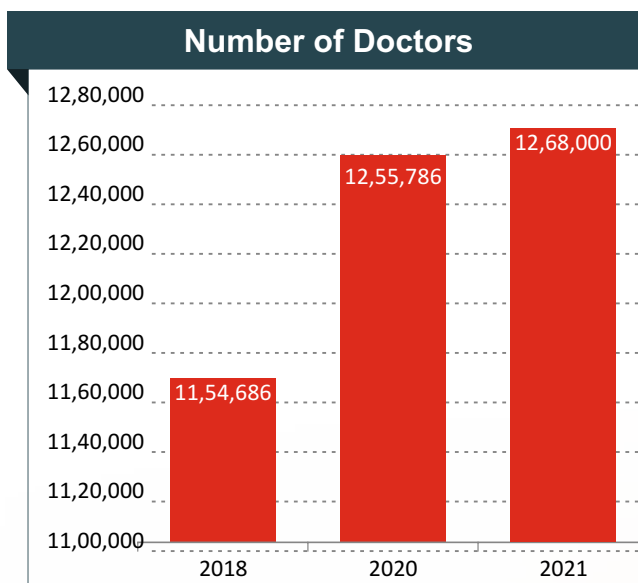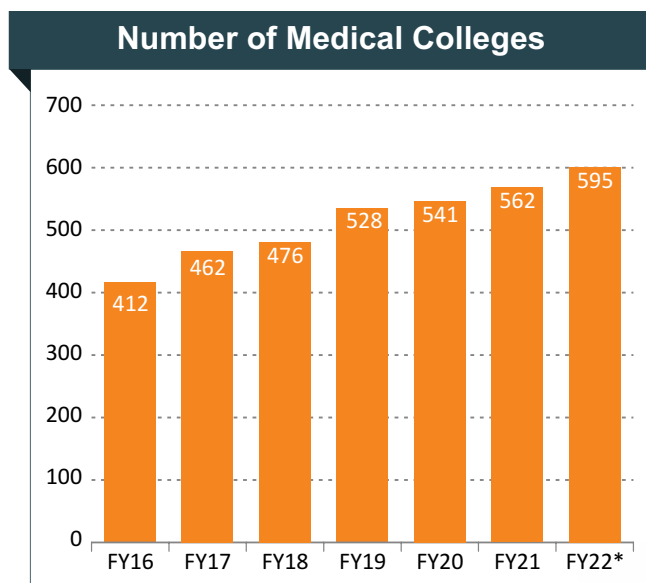
Medical devices

- The medical devices market is expected to reach US$ 11 billion by 2022, backed by rising geriatric population, growth medical tourism and declining cost of medical services.

OPPORTUNITY IN HEALTH INSURANCE

- A growing middle-class, coupled with rising burden of new diseases, are boosting the demand for health insurance coverage. With increasing demand for affordable and quality healthcare, penetration of health insurance is poised to expand in the coming years.
- During April-January 2022, health insurance portfolio of insurers increased by 25.9%, with rise in retail health policies of 17.3% and group policies of 30.1%.
- In FY21, gross direct premium income underwritten by health insurance companies grew 13.3% YoY to Rs. 58,572.46 crore (US$7.9 billion). The health segment has a 29.5% share in the total gross written premiums earned in the country.

Health Insurance Premium Collection (US$ Billion)

CAGR: 15.6%

Fy16	FY17	FY18	FY19	FY20	FY21
3.82	4.63	5.90	6.58	7.04	7.90

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- In June 2021, gross written premiums of health insurance companies in the non-life insurance sector increased by 32.25% YoY (for the FY period up to August 2021) to Rs. 30,192.30 crore (US$ 4.04 billion), driven by rising demand for health insurance products amid the COVID-19 pandemic.
- The number of policies issued to women in FY21 stood at 93 lakh, with one out of every three life insurance policies in FY21 sold to a woman.
- By leveraging strategic partnerships, WhatsApp plans to debut opportunities for health insurance and micro-pension products in India. WhatsApp plans to collaborate for the Sachet-Health Insurance Programme with the State Bank of India (SBI) General and plans to work with HDFC Pension to introduce the National Pension Scheme.

Number of Medical Colleges

FY16	FY17	FY18	FY19	FY20	FY21	FY22*
412	462	476	528	541	562	595

Number of Doctors

2018	2020	2021
11,54,686	12,55,786	12,68,000

MEDICAL TOURISM AS EMERGING SECTOR

- Presence of world-class hospitals and skilled medical professionals has strengthened India's position as a preferred destination for medical tourism.
- Superior quality healthcare coupled with low treatment costs in comparison to other countries is benefitting Indian medical tourism, and in-turn, has enhanced prospects for the Indian healthcare market.
- Treatment for major surgeries in India costs approximately 20% of that in developed countries.
- India also attracts medical tourists from developing nations due to lack of advanced medical facilities in many of these countries.

- Indian medical tourism market was valued at US$ 2.89 billion in 2020 and is expected to reach US$ 13.42 billion by 2026.
- According to India Tourism Statistics at a Glance 2020 report, around 697,300 foreign tourists came for medical treatment in India in FY19, which was nearly 7% of the total international tourists who visit the nation.
- India has been ranked 10th in the Medical Tourism Index (MTI) for 2020-21 out of 46 destinations by the Medical Tourism Association.
- Yoga, meditation, ayurveda, allopathy and other traditional methods of treatment are major service offerings that attract medical

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- tourists from European nations and the Middle East to India.
- The Government of India liberalized its policy by providing 100% FDI in the AYUSH sector for the wellness and medical tourism segment.
- A new AIIMS in Rajkot opened during last MAY 2021, covering ~201 acres of land is expected to be established at an estimated cost of Rs. 1,195 crore (US$162.69 million). The facility will have a 30-bed AAYUSH block and a 750-bed hospital. It will also have 125 seats for MBBS and 60 seats for a nursing programme.
- With a vision to promote the Medical and Wellness Tourism in India, the Ministry of Tourism established the 'National Medical & Wellness Tourism Board' in July 2021. The board would operate as an umbrella organization with the goal of promoting all types of medical tourism. Yoga and Ayurveda tourism would also be promoted along with any alternative form of medicine under the Indian system of medicine that is covered under AYUSH.
- The Ministry of Tourism has also published a draft of the 'National Strategy and Roadmap for Medical and Wellness Tourism', which aims at providing governance and developmental framework for medical and wellness tourism.

NOTABLE TRENDS IN INDIAN HEALTH SECTOR

Shift from communicable to lifestyle diseases

- With increasing urbanization and problems related to modern-day living in urban settings, currently about 50% of spending on in-patient beds is for lifestyle diseases – this has increased the demand for specialized care. In India, lifestyle diseases have replaced traditional health problems.
- Most lifestyle diseases are caused by high cholesterol, high blood pressure, obesity, poor diet and alcohol.

Expansion to Tier II and Tier III cities

- Vaatsalya Healthcare is one of the first hospital chains to start focus on tier II and tier III cities for expansion.
- To encourage the private sector to establish hospitals in these cities, the Government has relaxed taxes on these hospitals for the first five years

Emergence of telemedicine

- Telemedicine is a fast-emerging sector in India. Virtual care - constituting tele-consult, tele-pathology, tele-radiology and e-pharmacy—is experiencing a stimulus in India. Major hospitals (Apollo, AIIMS, Narayana Hrudayalaya) have adopted telemedicine services and entered into a number of PPPs.
- According to a study (survey of consumers, doctors and stakeholders from pharma companies and global EY research) by EY, in collaboration with the Indian Pharmaceutical Alliance in September 2020, the domestic telemedicine market is expected to reach US$ 5.5 billion by 2025.
- By September 21, 2021, the Health Ministry's e Sanjeevani telemedicine service crossed 12 million tele-consultations since its launch, enabling patient-to-doctor consultations, from the confines of their homes, and doctor-to-doctor consultations.

Rising adoption of artificial intelligence (AI)

- Rising adoption of AI-based applications has enabled people to talk directly to doctors, physicians, and get expertise for the best treatment.
- It is also capable of solving problems of patients, doctors, and hospitals as well as the overall healthcare industry.

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- In April 2021, Tata Trust's initiative called India Health Fund (IHF) announced the onboarding of two AI start-ups—TrakItNow Technologies - an IoT and AI-based solution that is in development stage with immense potential to impact mosquito borne diseases, and Stellar Diagnostics (SDIL).

Introduction of digital vaccine delivery platform

- In December 2020, a new COVID-19 vaccine delivery digital platform called 'CoWIN' was prepared to deliver vaccines. As a beneficiary management tool with different modules, this user-friendly mobile app for recording vaccine data is in the process of establishing the 'Healthcare Workers' database, which is in an advanced stage across all states/UTs.

- In July 2021, India made its Covid19 vaccination platform, CoWIN, open source for all countries. Almost 76 countries have displayed interest in leveraging the CoWIN platform to manage their national COVID-19 vaccination drives.

Increasing penetration of health insurance

- In FY21, gross healthcare insurance stood at 29.5% of the overall gross direct premium income by non-life insurers segment.

- Health insurance is gaining momentum in India. Gross direct premium income underwritten by health insurance companies grew 13.3% YoY in FY 21 to Rs. 58,572.46 crore (US$ 7.9 billion).

- In June 2021, the government announced that the 'Pradhan Mantri Garib Kalyan Package (PMGKP) Insurance Scheme for Health Workers Fighting COVID-19', which was launched in March 2020, has been extended for one more year. The insurance scheme provides comprehensive personal accident cover of Rs. 50 lakh (US$ 68,189.65) to all healthcare providers, including community health workers and private health workers. It was drafted by the government for the care of COVID-19 patients and those who may have come in direct contact with COVID-19 patients and were at risk of being infected by the virus. The scheme is being implemented through New India Assurance Company (NIACL).

Focus on universal immunization program (UIP)

- As of December 2020, under universal immunization program, ~1.54 lakh ANMs (auxiliary nurse midwives) are operating as COVID-19

- Vaccinators For further expansion of vaccinators, the government plans to take collaborative effort with states and UTs.

Technological initiatives

- Digital Health Knowledge Resources, Electronic Medical Record, Mobile Healthcare, Electronic Health Record, Hospital Information System, PRACTO, Technology-enabled care, telemedicine and Hospital Management Information Systems are some of the technologies gaining wide acceptance in the sector.

- In June 2021, the Uttar Pradesh government announced the introduction of automatic medicine dispensing machines to expand the primary healthcare industry and clinical centers in the country. The state health department has been nominated to design an action plan and install 'Health ATMs' walk-in medical kiosks, with combined medical devices for basic laboratory testing, emergency offerings, cardiology, neurology, pulmonary and gynecology testing services that will be operated by a medical assistant in all 75 districts of Uttar Pradesh.

- In June 2021, AstraZeneca India signed a memorandum of understanding (MoU) with Docon Technologies, a Bengaluru-based health start-up, to digitize 1,000 clinics across India by implementing customized electronic medical record (EMR) systems in clinics to offer doctors access to a patient's complete medical history.

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- In December 2021, Eka Care became the first CoWIN-approved organization in India, through which users could book their vaccination slot, download their certificate and even create their Health IDs.

Re Emergence if Traditional Medical Care

1. Market size and services offered

- The Indian ayurvedic industry is expected to reach US$ 9 billion by 2022.
- Ayurveda and Unani medicines consist of more than 90% of plant based formulations.
- The sector has broadened its offerings and now includes services on diet and nutrition, yoga. herbal medicine, humour therapy and spa.

2. Leading brands and players

- Many big players such as Apollo. VLCC and Manipal Group are setting up wellness centres across India with traditional healthcare remedies as the focus of their offerings.

3. Developing infrastructure

- In January 2021. the PM Cares fund allocated Rs. 201.58 crore (USS 27.55 million) for the construction of 162 additional dedicated pressure swing adsorption medical oxygen generation plants inside the country's public health facilities.
- In July 2021. the Union Cabinet approved continuation of the National Ayush Mission. responsible for the development of traditional medicines in India, as a centrally sponsored scheme until 2026.

4. Notable trends

- The traditional medical sector is developing a Traditional Knowledge Digital Library to prevent companies from claiming patents on such remedies. There is a growing interest from numerous PE firms in the traditional healthcare sector in India.

5. Recent Developments

- In the Union Budget 2022, the Ministry of AYUSH was allocated Rs. 3.050 crore (USS 400.76 million), up from 2,970 crore (USS 407.84 million) in 2021.
- In November 2021, the technology innovation hubs of IIT Delhi. iHub foundation and iHub Anubhuti, announced to collaborate for developing India's first Medical Cobotics Centre (MCC) at IIITDelhi. The hubs. funded by the Department of Science and Technology (DST). will develop training programmes in consultation with leading doctors and healthcare experts.3. Developing infrastructur.
- On September 03, 2021. Minister of State for Health and Family Welfare Dr. Bharat' Pravin Pawar represented India at the BRICS ministerial conclave. The panel discussed challenges and opportunities that arise during the implementation of Digital Health.

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POLICY SUPPORT AND CENTRAL GOVERNMENT INITIATIVES

A proactive Union Budget and National Govt. Schemes are as follows:

Union Budget 2022–23

- Under the Union Budget 2022-23, the Ministry of Health and Family Welfare has been allocated Rs. 86,200 crore (US$ 11.29 billion), an increase of 16.5% compared to Rs. 73,932 crore (US$ 9.69 billion) in 2020-21.

- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was allocated Rs. 10,000 crore (US$ 1.31 billion)

- Human Resources for Health and Medical Education was allotted Rs. 7,500 crore (US$ 982.91 million).

- National Health Mission was allotted Rs. 37,000 crore (US$ 4.84 billion).

- Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was allotted Rs. 6,412 crore (US$ 840.32 million).

- Ayusman Bharat	- National Health Mission
- Pradhan Mantri Jan Arogya Yojana	- Incentive In The Medical Travel Industry
- PM Ayusman Bharat Health Infrastructure Mission	- Universal Health
- PM Swasthya Surakhya Yojana (PMSSY)	- Tele Medicine Initiatives
- National Digital Health Mission (NDHM)	- Bilateral Tie
- Digital India Initiative	- Single Window System
- Tax Incentives	- Medical Institutions
- Credit Incentives For Healthcare Infrastructure	- Establishment of Health System Capacities at Airports Under Atmamanirbhar Swasth Bharat Yojna
- National Nutrition Mission	- Vision 2035: Public Health Surveillance in India
- Liberalized Pricing & Accelerated National Covid-19 Vaccination	- Intensified Mission Indradhanush (IMI) 3.0

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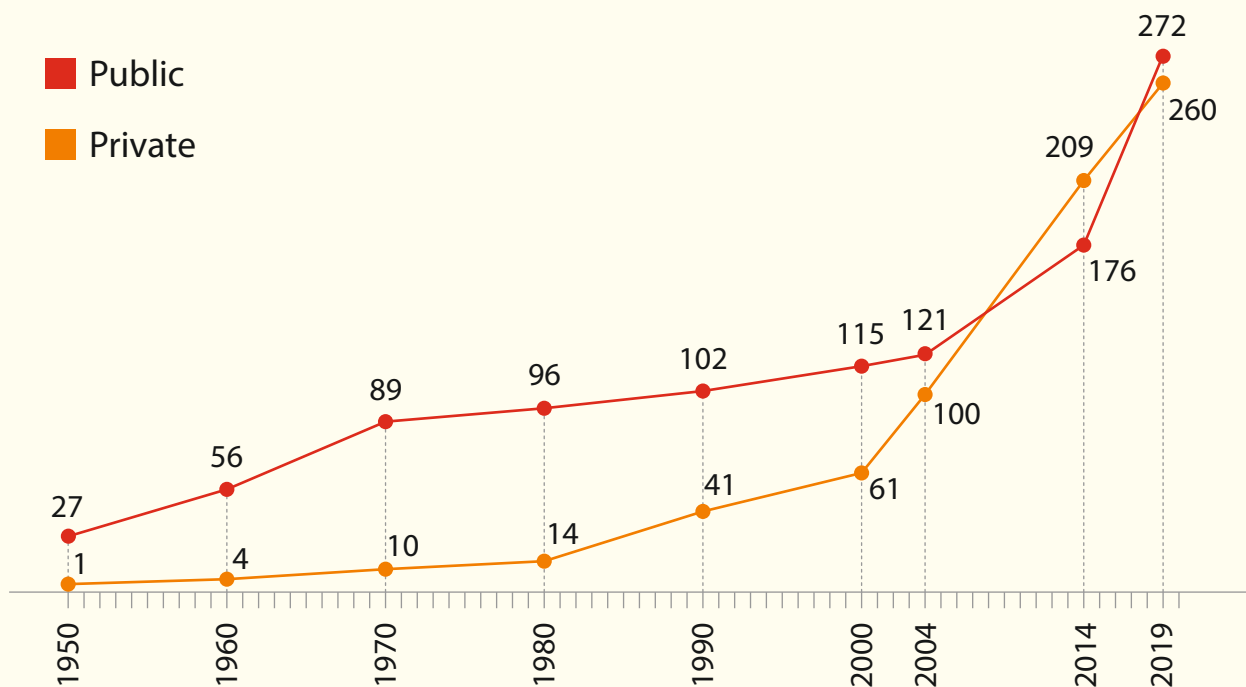
MEDICAL EDUCATION IN INDIA

Fixing India's broken health care system is priority of the Indian Govt, in 2018, a new public health insurance program launched, Rs 5.00 lac. per year, per family for the poorest 40 % of the Indian Society .However this highly ambitious project faces steep fiscal hurdles. Bringing it to full implementation will be difficult without sufficient nos of qualified medical professional and expanding modernizing the countries medical education system.

India's shortage of medical doctors belies the fact that, the number of medical school in the country as World Education Report 2019, there are 532 medical colleges out of which 272 public & 260 private sector schools.

As a bid to give fresh push to the age old medical education, the MCI has been restructured as "National Medical Commission" NMC) . To bring more quality, transparency and innovation new boards are constituted which are now operated under NMC. The new NEP2020 has also emphasized to re-envision the health care education with new curricula design.

The present initiative medical education ecosystem somewhat getting in to a new era for health care professionals and edu-entrepruners like looking at the opportunity ABJ Foundation stepping in to arena and decided to launch this mega project. No state would be better than home state. Odisha in partnership with ENRAF-NONIUS of Netherlands.

Number of Public and Private Medical Colleges in India
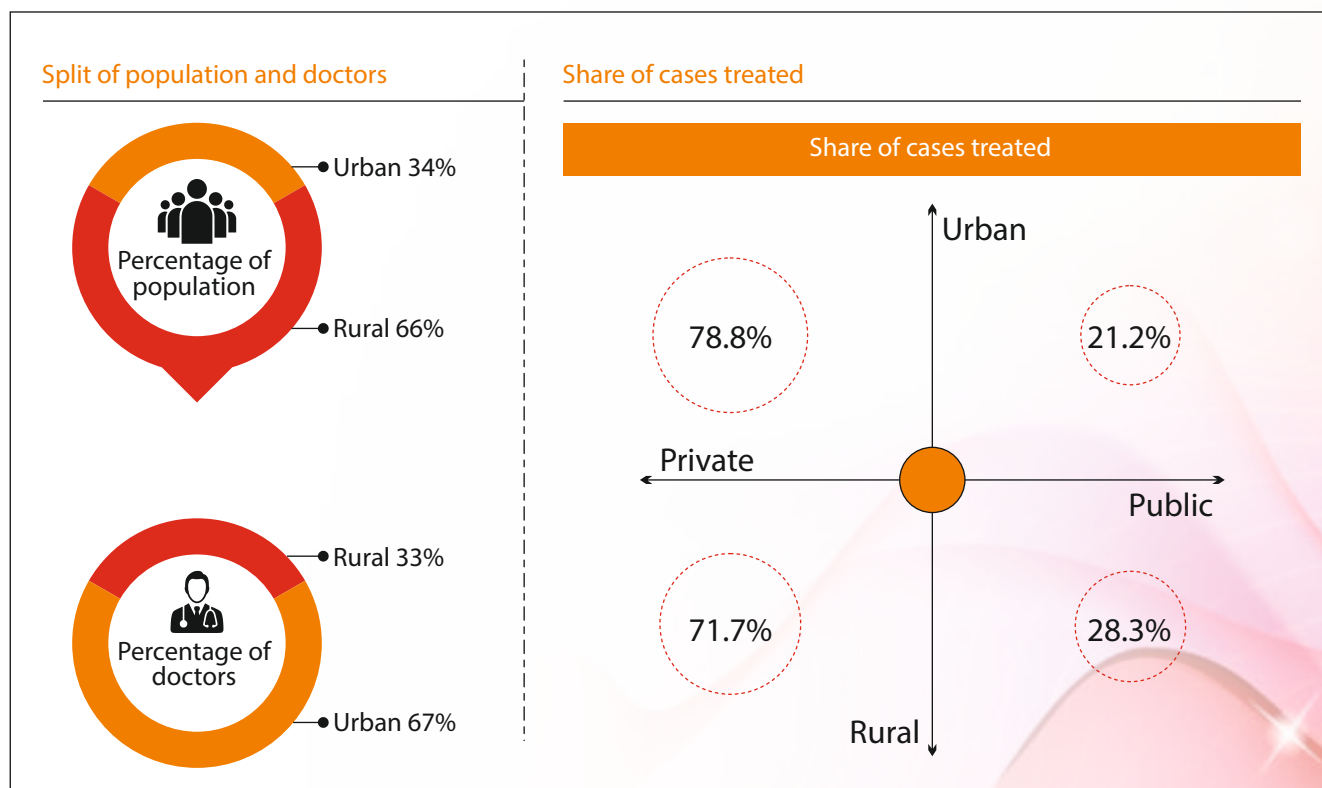

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www.wes.org

Source: Medical Council of India

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Average medical expenditure (₹) per hospitalization at public and private hospital for each gender

Level Of Care	Avg. total exp. (₹) per hospitalization		
	Male	Female	All
(1)	(2)	(3)	(4)
RURAL			
Public Hospital	6473	4843	5636
Private Hospital	24756	18419	21726
ALL	17528	12295	4935
URBAN			
Public Hospital	10040	5125	7670
Private Hospital	37181	27783	32375
ALL	28165	20754	4436

Private Facilities as Compared to Public Facilities in Both Urban and Rural Areas

Split of population and doctors

Percentage of population
Urban 34%
Rural 66%

Percentage of doctors
Rural 33%
Urban 67%

Share of cases treated

Share of cases treated

Urban

78.8%   21.2%

Private ← → Public

71.7%   28.3%

Rural

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15

WHY ODISHA?

If we look in this map, till date Odisha does not considered as major health care centre. Even though during last 5/6 years govt. of Odisha made some valiant effort to bring the health care system in to limelight. A very small marginal improvement has been seen. Once the analysis's in the NITI Ayog Report with indicator will spell out the that requires to infuse in to the health care sector. Therefore, it's very much evident not only govt. but private will have to take lead role.

Major Healthcare Centers in India

- Delhi
- Mumbai
- Hyderabad
- Kolkata
- Chennai
- Bangalore
- Ahmedabad
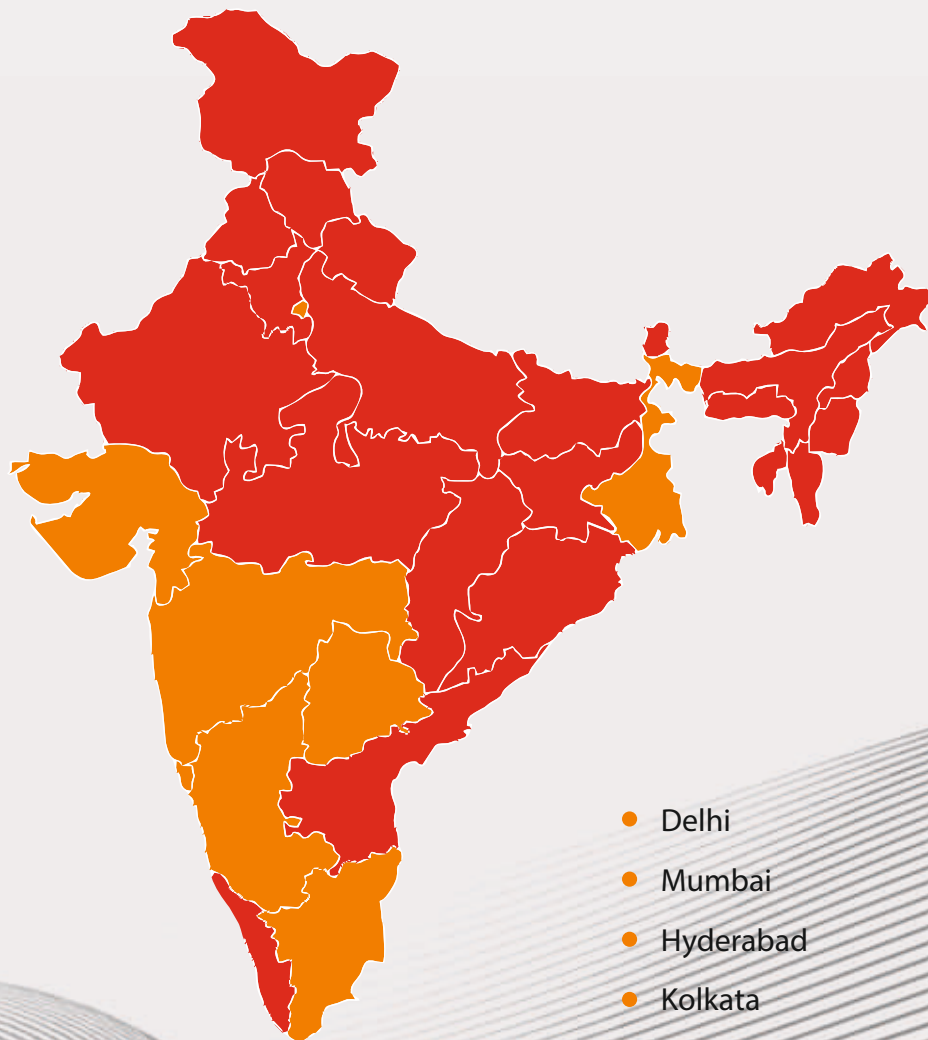
Source: www.ibef.org

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NECESSITY OF PPP

It is necessary that Public-private partnerships display that the following objectives are met in a balanced way to reflect the best interests of all stakeholders:

- To ensure government services are delivered in an economical, effective and efficient manner;

- To create opportunities for private sector growth and to contribute to the overall economic development of the District/State/Country through the stimulation of competitiveness and initiative;

- To ensure the best interests of the public, the private sector and the community are served through an appropriate allocation of risks and returns between partners.

Poor Infrastructure, Shortage of a Skilled Workforce and Lack of Standards Impact the Quality of Care

- With a 22% shortage of primary health centers (PHCs) and 32% shortage of community health centers (CHCs), it is estimated that 50% of beneficiaries travel more than 100 km to access quality care.

- India has only 1.1 beds per 1,000 populations in India compared to the world average of 2.7.

- 70% of India's healthcare infrastructure is in the top 20 cities.

Fig. 3.6: Percentage distribution of total expenditure by items of expenditure : all-India

16.4   15.6
14.7   13.6
71.5
68.0

Rural
Urban

■ Doctor's fee
■ Medicine
■ Others

ABJ FOUNDATION
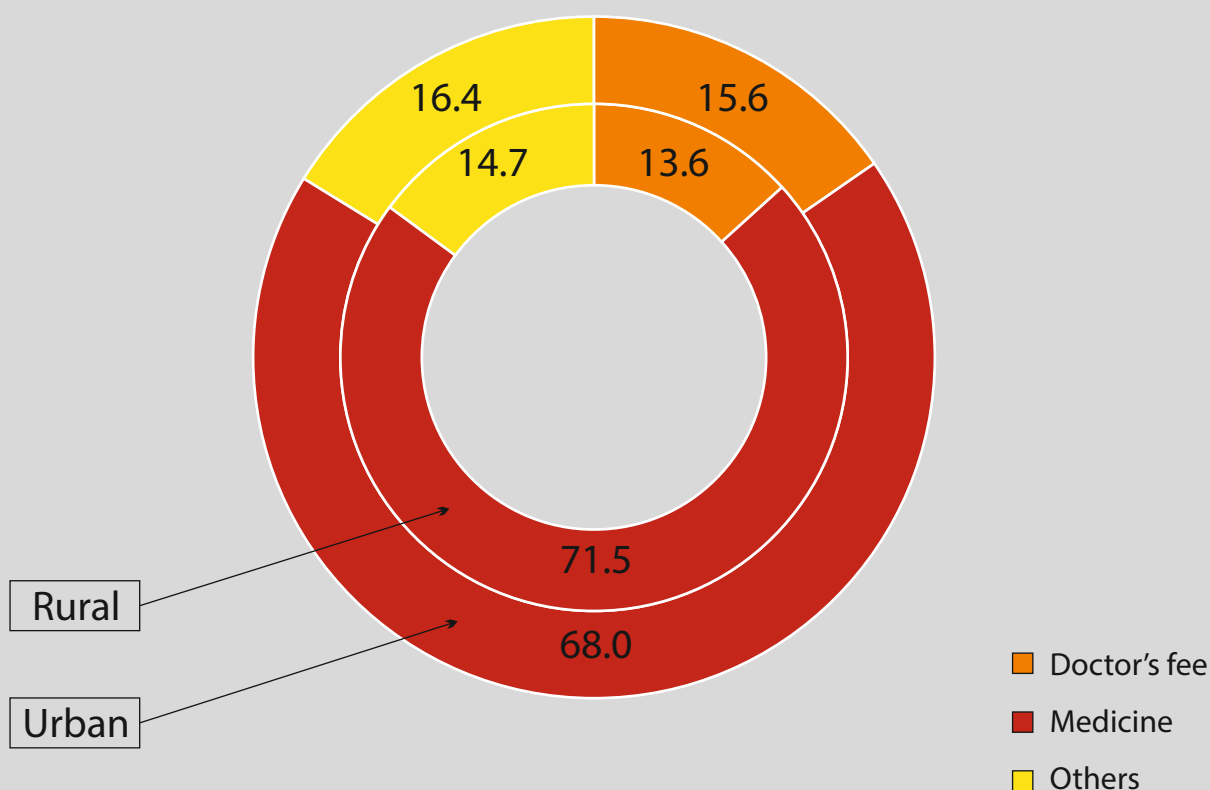
Causes of preferring Govt. And Private Healthcare Facilities:

Types of Facilities	Govt. Hospital		Pvt. Hospital	
	Frequency	Percentage	Frequency	Percentage
Availability	24	16.0	21	14.0
Better Facilities	15	10.0	75	50.0
Distance	48	32.0	32	21.3
Low Cost	62	41.3	19	12.7
Others	1	0.7	3	2.0
Total	150	100.0	150	100.0

Problems Faced By the Respondents at Govt. Hospitals:

Problems	Frequency	Percentage
Non-availability of Doctors	55	36.66
Non-availability of Medicines	30	20.00
Non-availability of Support staffs	15	10.00
Non-availability of modern health testing equipments	40	26.66
No proper hygienic Condition	10	15.00
Total	150	100

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Leaving behind the downturn triggered by the COVID-19 pandemic, Odisha is quickly moving on the fast track on economical growth. A 10 % recorded in 2021-22 FY against 5.3% in 2020-21 FY. The manufacturing sector constitute 56% in this upward Growth trajectory. Compared to this the health care sector has no contribution so to say.

Odisha ranked 14 in the Heath care delivery system as per the NITI Ayog report. The major highlights extracted bellow seems a lot of private effort required for a visible presence in the national map.

The bellow ranking published in the NITI Ayaog report shows, that Odisha ranked at 14 against its previous standing 12, which deteriorated to two position bellow.

Over All Performance of Indian State with Incremental Rank
(Base year 2018-19 / Reference year 19-20)

States	Overall Reference Year Index Score	Incremental Change	Overall Reference Year Rank	Incremental Rank
Uttar Pradesh	30.57	5.52	19	1
Assam	47.74	4.34	12	2
Telangana	69.96	4.22	3	3
Maharashtra	69.14	3.60	5	4
Jharkhand	47.55	3.38	13	5
Madhya Pradesh	36.72	3.35	17	6
Punjab	58.08	1.74	8	7
Tamil Nadu	72.42	1.62	2	8
Gujarat	63.59	1.14	6	9
Andhra Pradesh	69.95	1.07	4	10
Bihar	31.00	0.76	18	11
Kerala	82.20	0.60	1	12
Uttarakhand	44.21	0.58	15	13
Odisha	44.31	0.13	14	14
Himachal Pradesh	63.17	-0.06	7	15
Chhattisgarh	50.70	-0.09	10	16
Rajasthan	41.33	-0.25	16	17
Haryana	49.26	-0.55	11	18
Karnataka	57.93	-1.37	9	19

Overall Reference Year Index Score | Incremental Change | Overall Reference Year Rank | Incremental Rank

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19

State Wise Overall Incremental Performance

Category	Positive Incremental Performance	Negative Incremental Performance
Larger States (19)*	(5.52) Uttar Pradesh (4.34) Assam (4.22) Telangana (3.60) Maharashtra (3.38) Jharkhand (3.35) Madhya Pradesh (1.74) Punjab (1.62) Tamil Nadu (1.14) Gujarat (1.07) Andhra Pradesh (0.76) Bihar (0.60) Kerala (0.58) Uttarakhand (0.13) Odisha	(-1.37) Karnataka (-0.55) Haryana (-0.25) Rajasthan (-0.09) Chhattisgarh (-0.06) Himachal Pradesh
Smaller States (8)	(18.45) Mizoram (17.70) Meghalaya (3.43) Nagaland (0.19) Tripura	(-12.68) Goa (-5.73) Manipur (-1.54) Arunachal Pradesh (-0.72) Sikkim
UTs (7)*	(9.68) Delhi (9.55) Jammu & Kashmir (7.72) Lakshadweep (1.58) Puducherry (0.14) Andaman & Nicobar	(-10.85) Chandigarh DH (-3.53) & DD

Source: NITI Ayog Report

The above data indicates that the incremental changesis only 0.13%, which can be a ray of hope only.

Negative Incremental Performance

Category	Improved Rank	Retained Rank	Deteriorated Rank
Larger States (19)*	(4-3) Telangana (7-6) Gujarat (9-8) Punjab (15-12) Assam	(1) Kerala (2) Tamil Nadu (5) Maharashtra (10) Chhattisgarh (11) Haryana (13) Jharkhand (16) Rajasthan (17) Madhya Pradesh (18) Bihar (19) Uttar Pradesh	(3-4) Andhra Pradesh (6-7) Himachal Pradesh (8-9) Karnataka (12- 14) Odisha (14-15) Uttarakhand
Smaller States (8)	(3-1) Mizoram (4-3) Sikkim (7-5) Meghalaya	(8) Nagaland	(1-2) Tripura (2-4) Goa (5-6) Manipur (6-7) Arunachal Pradesh
UTs (7)*	(2-1) DH & DD (5-3) Lakshadweep (6-5) Delhi (7-6) Jammu & Kashmir	_	(1-2) Chandigarh (3-4) Puducherry (4-7) Andaman & Nicobar

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The data In above table Indicates that though there is an incremental growth of 0.13 %, but in overall it has slipped to 14 in overall ranking for its pervious rank of 12. As of now the status of Odisha is falling under an aspirant state and the least performance (0.01-2.0 % Range).

Sate Wise Overall Incremental Performance of Health Index & Health Outcome Domain Indicators (Base year 2018-19) /(Reference year 2019-20)

State	Overall Index Reference Year (2019-20)			Incremental Index Base Year (2018-19) Reference Year (2019-20)			1.1.1. NMR			1.1.2. U5MR			1.1.3. SRB			1.1.4. MMR		
	Score	Rank	Performance Category	Score	Rank	Performance Category	Overall		Increment	Overall		Increment	Overall		Increment	Overall		Increment
							BY	RY	RY-BY	BY	RY	RY-BY	BY	RY	RY-BY	BY	RY	RY-BY
Andhra Pradesh	69.95	4	Front-runner	1.07	10	Least Improved	23	21	-2	35	33	-2	916	920	4	74	65	-9
Assam	47.74	12	Aspirant	4.34	2	Most Improved	22	21	-1	48	47	-1	915	925	10	229	215	-14
Bihar	31.00	18	Aspirant	0.76	11	Least Improved	28	25	-3	41	37	-4	900	895	-5	165	149	-16
Chhattisgarh	50.70	10	Achiever	-0.09	16	Not Improved	26	29	3	47	45	-2	961	958	-3	141	159	18
Gujarat	63.59	6	Achiever	1.14	9	Least Improved	21	19	-2	33	31	-2	855	866	11	87	75	-12
Haryana	49.26	11	Achiever	-0.55	18	Not Improved	21	22	1	35	36	1	833	843	10	98	91	-7
Himachal Pradesh	63.17	7	Achiever	-0.06	15	Not Improved	14	13	-1	25	23	-2	918	930	12	N/A	N/A	N/A
Jharkhand	47.55	13	Aspirant	3.38	5	Moderately Improved	20	21	1	34	34	0	916	923	7	76	71	-5
Karnataka	57.93	9	Achiever	-1.37	19	Not Improved	18	16	-2	28	28	0	929	924	-5	97	92	-5
Kerala	82.20	1	Front-runner	0.60	12	Least Improved	5	5	0	12	10	-2	948	957	9	42	43	1
Madhya Pradesh	36.72	17	Aspirant	3.35	6	Moderately Improved	33	35	2	55	56	1	916	925	9	188	173	-15
Maharashtra	69.14	5	Front-runner	3.60	4	Moderately Improved	13	13	0	21	22	1	881	880	-1	55	46	-9
Odisha	44.31	14	Aspirant	0.13	14	Least Improved	32	31	-1	47	44	-3	938	933	-5	168	150	-18
Punjab	58.08	8	Achiever	1.74	7	Least Improved	13	13	0	24	23	-1	886	890	4	122	129	7
Rajasthan	41.33	16	Aspirant	-0.25	17	Not Improved	27	26	-1	43	40	-3	856	871	15	186	164	-22
Tamil Nadu	72.42	2	Front-runner	1.62	8	Least Improved	11	10	-1	19	17	-2	907	908	1	63	60	-3
Telangana	69.96	3	Front-runner	4.22	3	Most Improved	20	19	-1	32	30	-2	897	901	4	76	63	-13
Uttar Pradesh	30.57	19	Aspirant	5.52	1	Most Improved	30	32	2	46	47	1	878	880	2	216	197	-19
Uttarakhand	44.21	15	Aspirant	0.58	13	Least Improved	24	22	-2	35	33	-2	841	840	-1	89	99	10

The above summary Table indicate the status of Odisha Healthcare Sector and the information itself ample enough, for the why Odisha need a huge effort both in Private Sector and Public Sector as well as PPP between Both of them. Now Odisha Is a virgin land for Health sector entrepreneurs.

The state Govt. led by BJD has created a business ecosystem for health sector which let them contribute to rapid and sustainable growth of the state as well as the country.

ABJ FOUNDATION

ODISHA HEATH CARE SECTOR & INITIATIVE AT PRESENT

The Govt.of Odisha has been resolute in guaranteeing quality health care of its citizens. During Last four years more than 80 lacs beneficiary has been provided health cover. Going forwards, the state of Odisha is committed to further advance its health care system by exploring myriad opportunities in the areas of artificial intelligence, data analytics, private –public participation, research and delivery of alternative medicine. Efficient deployment of health work force is expected to reduce the disparities in the health achievements within the state.

The Health care Vision 2025- Health care for all of Govt. of Odisha emphasizes that " each life matters. In an effort to deliver the health care programs and building capacities of stake holders a scaling up exercises has been experienced, which is encouraging the private sector to step in.

The Vision 2025-"Health care for All" Health for All is indisputably one of the most important priorities for Sustainable Development. In Order to archive universal health Govt.of Odisha set out on a path to ensure that each citizen form every strata of the society must have the accessibility to health care be it promotive preventive, curative, rehabilitative or palliative.

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NIRMAYA Guarantees provisions of about 593 types quality essential drugs & Medical consumables free of cost to all categories of patients attending Public health facilities

Accibility of referral transport services for all pregnant women (for anto natal care, delivery, post natal care up to 42 days) and ambulance services for sick infants (up to 1 yr. old) to availe treatment facilities by dialing "102" toll free number. More than 19.36 lacs benificiary availed the services.

NIDAN guarantees provisionof allessential diagonostic services (including general pathology services,high end pathology test, CT scan, MRI, Tele Radiology of XRay) free of cost to all categories of patients in all public health Facilities.

"DIGITAL DISPENSARIES" has been establied in under-served and hard to reach areas in PPP mode. Harnessing the use of technology for delivery of health care services

Provision for ensuring Quality blood to all patients requiring blood at public health facilities. Free blood to pregnant woman, sick infants, blood discoder patients, accdent victims and destitute patients @ Rs.350 per unit of bllod. Special provision of transport assitance @Rs.500 PM for bllod disorder pati

"KHUSI" Address the issue of menstrual hyginee by providing sanitary napkins free of cost to women & adolescent girls at public facilities as government and aided schools. This scheme includ social marketing of sanitary napkins in the community both in urban and rural areas.

SAHAYA guarantees provision of free dialysis services to patients requiring dialysis services at all Government hospitals (DDH, MCH) through own system. Annually 50,000 patients are benifited.

"SAMMPURNA" (Sisu Aborg Matru Mrutyuhara Purna Nirakarana Abhijana) is a scherne for accelerated reduction of maternal mortality ration and infant mortality rate, Major Intrevention include identification, referal & treatment of high risk pregrent women & children, provision of moter and baby kit and many more facilities.

Accessbllity of emergency ambulances services to avail ireatmerli of public health facilities by dialing "108". More than 19.25 lacs benificiary availed the services.

NIRMAL aims at strengthening of ancillary services (Sanitation, laundry, security, lift services) for promotion of a safe and hygienic health environment at pubic health facilities. Services dual purpose of minimizing hospital acquired infections and Improving patient's satisfaction.

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'DAMaN' has been implemented in remote and inaccessible villages and halts of 22 high malaria-risk districts. Major intervention are early diagnostic & complete treatment of malaria through active involvement of ASHAs. Distribution of long lasting insecticide treated nets. Indoor residual spray, promotion of environmental sanitation for source reduction, behavioral change campaigns.

177 Mobile health units (altarnate mode of Health care Delivery) are operational in the blocks under tribal - KBK districts of the state both in PPP and direct by Govt. modes. More than 6251 difficult areas including residential schools in remote village are covered every month.

'SUNETRA' guarantees unversal eye care through comprehensive eye related services with an aim to eliminate preventable blindness and achieve zero backlog of cataract cases for operation by 2023. It Includes free screening of all eye diseases, strengthening and expansion of eye care services in primary, secondary & tertiary centres.

Odisha comprehensive Cancer Care Program is being implemented to strengthen the existing cancer treatment system in the state. Free cancer care & chemotherapy services are being provided to all district level. Day care chemotherapy units has been established at each district headquarter hospital.

'AAMA Clinic' provides weekly specialist sarvices in the urban primary health centres & urban community health centres, targeting more than 15 lac slum population in the state. The specialist services are indude Obstetrics & Gynaecology, Paediatric, Nutritionist, Medicine & Geratic, Adolescent services, Psychiatric services, Opthomology & Physiotherapy services are provided.

Emergency & Trauma Care

Special Focus on management of trauma and emergency care at public heath facilities, 8 trauma care centres ate in operational in the state at Cuttack, Burla, Berhampur, Puri, Khordha, Balasre and Bhadrak.

Food Safety

Effective implantation of Food Safety and standard act rules are in place. The sate has launched simpler food licensing and registration system. Spot testing of food items and mass awareness through newly established mobile food testing laboratory is being carried on .

Human Resource Strengthening Programs

location based incentive are given to the medical officers working In different difficult areas in the state. A corpus fund amount to Rs. 1 cr. has been provided to each of the 16 backward districts of the state to provide flexibility at local level human resources management & ensure accountability of the doctors. This fund can be utilised for transportation, communication & accomodation.

Mental Health

Provision of screening, counselling, treatment of mental health issues through capacity building of services provider and ASHA has been done. Distribution of free psychotroic drugs, establishment of districts crisis centre or help desk, life education, mass awareness through multimedia is being carried out.

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The State of Odisha runs 20 major schemes to deliver health care system in the state. A snap shot being highlighted.

The Insurance cover program is being considered a star program of the state. A brief of the program has been out lined here

The Biju Swasthya Kalyan Yojana launched on 15th August, 2018 aims to provide Universal Health coverage, with special emphasis on the health protection of economically vulnerable families. It has two components:

- Free health services for all (irrespective of income, status or residence) in all State Government health care facilities starting from Sub center level to Government Medical College and Hospitals and all Government Blood Bank level. All treatment is cashless and no document is required to be produced.

- Additional facility of free healthcare beyond Government Medical College hospitals for over 96 lakh families, through annual health coverage of Rs. 5 lakh per annum (Rs. 10 lakh for women members) per family per annum in private empanelled hospitals within and outside the State & all Government Hospitals and premier health institutes outside the State. All Biju Krushak Kalyan Yojana card holders, BPL card holder, AAY card holders and low income families are covered under this benefit.

Every month around 45 lakhof instances are recorded where the beneficiaries have availed free health care treatment under Biju Swasthya Kalyan Yojana.

183 nos. of private hospitals are presently empanelled within and outside the State. All Government Hospitals and Premier Health Institutes outside the State are also deemed empanelled.

The services that are provided under Universal Health care up to MCH level are:

- All services are free of cost including OPD registration fees.
- Free drugs
- Free Diagnostic (Pathology, Radiology, Biochemistry, Ultrasunology, Histopathology charges)
- Free Cancer Chemotherapy.
- Free Dialysis charges.
- Free OT charges
- Free ICU charges
- Free IPD accommodation, etc.

In spite of so many innovative schemes and programs, still state government not able to archive a respectable spot in the state ranking. Recent news highlighted that, "India Spending report" reports that though the spending has been made not program are reaching out to the marginalized and remote places. The program "MAMATA" has been shown a good outreach in comparison to other initiatives.

The Samaj 1st June 2022- Expenditure Increased- Services Not reaching- A news on India Spending report

ବ୍ୟୟ ବଢ଼ିଛି; ସ୍ୱାସ୍ଥ୍ୟସେବା ମିଳୁନି

The following key issues are responsible for the shortfall in delivering the health care services despite of efforts and investments:

- Lack of Management / operation
- Lack of key resources
- Lack of operational Strategy
- Lack of Awareness & Communication
- Lack of second line ownership & Leadership
- Lack of Standardization / Quality / Performance Monitoring

MEDICAL EDUCATION ODISHA

The Medical and allied health education quality and quantity wise at bottom of the list in comparison to many other large state. As per the information released by Loksabha no. 22/RN/July2018 the state Odisha has eight MBBS college both private and govt. institution together having 1250 seats. Similarly PG 576 seats and dental having four colleges with 350 seats. Within covid 19 years the shortage of professional experienced. However the above numbers may have increased up to 10% more by 2021, still then the huge nos. of requirements still needed.

The above situational analysis which triggered, ABJ FOUNDATION, Bhubaneswar to step in to this sector with a pro-people centric super specialty hospital and medical university in collaboration with ENRAF- NONIUS of Netherlands

ABJ FOUNDATION

THE PROPOSED INTERVENTION BY ABJ FOUNDATION

ABJ foundation, a Bhubaneswar based not for profit organization founded by Shri Jitendra Kumar Hati, a philanthropist proposed to establish a heath care delivery comprehensive facilities for common people. This Intervention will be on Pan India basis.

The plan is the start the first such project in the state of Odisha. For any starter Odisha can be the country's getaway. The new Odisha has emerged as role model for sustainable and inclusive growth with a potential of being a trillion dollar economy by itself which will make it one of the key contributor to India's economic development.

As various facts and figures depicted above on the status of health sector, Odisha would be an obvious choice. Further being the home state, the added advantage of putting the first step forward will be always comfortable.

> **The key components are :**
> - A 2000 beds super specialty hospital with a aim to access all section of the community.
> - A medical college and university
> - 30 Nos. of hi-tech diagnostic centre at district head quarter
> - Up-gradation of District Head Quarters Hospital to 200 beds

The Key features of the Project:

TECHNICAL PARTNERS

- ENRAF NONIUS, Netherlands. Will design, built, train, maintain and fund module (DBFDM).

PPP MODE

- The Project (Central Hospital & Medical College & University and diagnostic centres will be operated on Strategic PPP mode with State and Central Govt.

Why PPP is the strategic Option in the state of Odisha :

At district level, there are multiple challenges to healthcare delivery, especially to remote districts and inaccessible areas, where Districts Hospitals/ PHCs lack basic facilities such as infrastructure, skilled human resources, ready supply of essential medicines and High- tech diagnostic centers and laboratories , despite continued public sector efforts. Lack of political will, inadequate resource allocation, lack of transparency and good governance, poor community participation are some undermining factors in the public health system. Also, there has been an enormous increase in private (for profit) and voluntary (non-profit) health providers, over the past decade.

Recognizing the respective strengths of both public and private sectors and engaging in partnerships is a viable solution to avoid duplication, to enhance resource pooling, to improve quality and to reorient private sector to achieve public health goals. ABJ Foundation's proposed project envisaged in Public- Private Partnership (PPP) model for Health in India and planned to launch in the State of Odisha, because the sate (Odisha) PPP provides immense scope for mutual learning and knowledge sharing. ABJ Foundation & Its partner ENRAF strongly believe that a good partnership involves optimum participation from all stakeholders throughout the program/ project lifecycle (planning, implementation, monitoring, evaluation, training, research, policy and advocacy) and not merely functioning as contractors for implementation. ABJ Foundation attribute own success in PPP to Good governance and zero-tolerance towards corruption.

ABJ FOUNDATION

INSURANCE

- The Hospital will be fully supported by Insurance based cash less treatment facilities. All govt. supported insurance coverage will be provided to all.

DISTRICT HUB

- The district hospitals will be equipped with State of art diagnostic centre to be available for all (with insurance cover).

HEALTH EDUCATION

- A medical college (university) for under graduate/post graduate/ research/ with allied health care, health administration, traditional medicine and naturopathy, Health and technology management program.

The Operational Model is broadly three fold:

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Fold 01: Central Hub Hospital will operate as epic driving centre of the project. The will be located at state head quarter "Bhubaneswar". Patients cover under state sponsored insurance will get priority services. Other Private sector insurance covered patients will also be admitted. This hospital will have 2000 bed to accommodate as many as patients. The Hospital itself will a Centre of Excellence (CoE), which will cater cardiology, Orthopedics, Spine, Neurology and Neurosurgery, Gastroenterology, Oncology with palliative care , Transplant, ICU, Emergency, Preventive health, Robotics, Bariatric Surgery, Nephrology & Urology, Colorectal Surgery,

Obstetrics & Gynecology, Pulmonologist, ENT, Vascular Surgery, Pediatrics, Dermatology, Ophthalmology & Critical Care, General Medicine & Community Medicine, Dental & Cosmetology . This unit will have all such micro biology, pathology facilities, diagnostic equipments and IT technology (IOMT) support to make the set up unique.

The Key Functional proposed are Casualty & Accident Care /OPD/Inpatient Facility, ICU,OT, Diagnostic, Blood Bank, Dietary, Main fold liquid Oxygen Tank, Mini Oxygen plant, Hospital Library, Mortuary, Community are, Air Ambulance with Helipad. All utility department.

The super specialties will be planned as standalone areas fully supported by the general pecialties and the above-mentioned support areas. Each of the super specialties mentioned above has a unique functional requirement that will be taken care of during the planning process. A sample planning of 2 super specialties is given below for consideration and as an indication of the planning process of each.

Central Hub
Super Speciality Hospital

Medical College

District HQ Hospital &
Daignostic Centres

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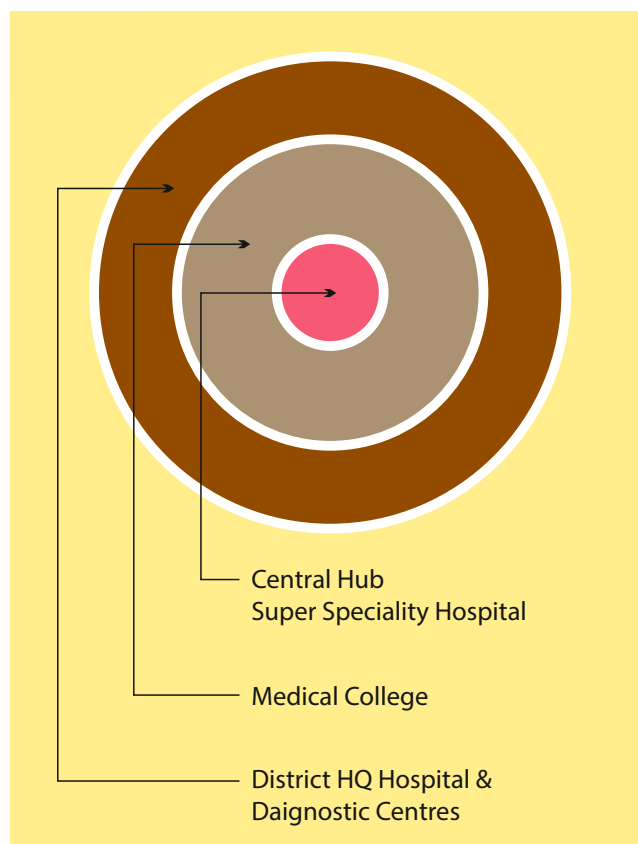
Fold 02: Medical College & University is a key component of this project. The program that will offer are undergraduate (MBBS), post graduate program, allied health programs, health care management program, Bio medical engineering, Micro biology and all such emerging programs will be imparted. The Central Hub Hospital and Medical College will operate together in the same campus. The district centre will facilitated as field training and internship centers. The undergraduate, post graduate and allied health students will also be involved in the district centers during their courseware as interns. The University will follow new Norms under NMC and NEP2020.

This proposed university will be constituted through state act for private university. Initially the HUB and spoke centers at each district will fully utilized for delivering the various program.

The plan is run this university in partnership internal institutional partnership.

Fold 03: Diagnostic Centre at district level is another vital component of this project. There will be 30 diagnostic centers; each will be located at district head quarter hospital. The aim is to provide all diagnostic services at district level. This will enable the local mass to get best diagnostic benefit. This will also run on cashless insurance coverage revenue model.

Each diagnostic centre will have basic Pathology, Micro Biology, Cellular Chemical Analysis, Radiology, & Imaging (MRI/CT Scan), Measurement, Genetic Testing. This section will continuously on modernization mode.

The center will use latest mobile digital technology to minimize the reporting system. The reports instantly to beneficiary mobile .

ABJ FOUNDATION

PARTNER OF THIS PROJECT

ENRAF is a world leader in supplying turn-key healthcare projects, both as EPC contracts and as standalone equipment package and accredited with " ISO 9001 : 2008" certification. ENRAF is engaged in designing, manufacturing and supplying world class medical equipment since 1925. In a given project, ENRAF caters to its designing based on local conditions ; management of a project over the entire building phase ; selection of equipment and its installation; training of users and maintenance; long term solutions regarding maintenance of facilities installed; providing/ arranging finance for the projects.

ENRAF NONIUS PROJECTS INDIA LTD is working together with Enraf Nonius B.V. Netherlands having its head office at Varseweg 127, 3047 AT Rotterdam, P.O. 12080,3004 GD Rotterdam, Netherlands. And Regd Office at K-5A, Rajdhani Park, Nangloi, New Delhi – 110041 through Director Mr. Sunil Kumar Agarwal.

ENRAF has expressed its consent to partner with ABJ foundation, The letter attached.

ABJ Foundation is working on to full fill the statutory requirement to execute the agreement.

ABJ FOUNDATION

SOCIO, ECONOMIC & ENVIRONMENTAL IMPACT & SUSTAINABLE MEASURES

Social Impact

- The hospital & Diagnostic services will accessible to all echelon of the community.
- This project will bring equality in health care service which also encompass marginalized group.
- The project will enable high quality & High end hospital and diagnostic services.
- Improve the efficiency of Govt. hospital due to the presence of high quality diagnostic centre at dist. HQ hospital.
- Enhance District hospital efficiency and reduce diagnostic referral, thereby reduce service cost & treatment time.
- Society will get best private public services at one place.
- The State level Hospital will provide cash less treatment to all hence reduce the capital burden of public in general.
- Bring quality medical education and allied health program at affordable cost.
- Brings opportunities for local researchers on health care research facilities with international research institutions.

Economic Impact

- The Hospital project will generate 500 high value jobs and open up opportunity for local professionals and will generate more than 1500 support service jobs. Together 2000-2200 direct Jobs will be available.
- The University will alone create 300-350 high value job and 500 support staff jobs.

- The 30 district diagnostic centre will create 150 high valu2 and 300 support staff jobs.
- A total of around 4500 direct jobs and assured another 5000 indirect jobs will be created.
- Therefore for a livelihood impact for Ten thousand families that is 45 to 50 thousand individuals will have better life.

Environmental Impact

- The hospital will generate infectious materials will be treated by incineration or appropriate biomedical waste treatment process.
- The district diagnostic centre does not produce harmful radiation or noise, body fluids waste water are generated during the procedure, which disposed as per biomedical waste disposal.
- To reduce carbon foot print, 500kw solar power plant, 50 KL solar water heater and 20 Mc3 Bio CNG plant from kitchen waste will installed to meet 50-60% various energy requirement.

WAY AHEAD

- At Present The negotiation is going on with state govt. for finalizing PPP mode.
- The University Statute under draft process.
- The Detail Project Report consultant is under procurement process.

REFERENCES

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Concept Note:

Developed & Designed By In House Team

ABJ FOUNDATION

Reg. Office: At- Bright Residency
Flat No. A1/304, Jagannath Nagar
Road No. 12, GGP, Rasulgarh
Bhubaneswar-751025
Dist.: Khordha,Odisha, India

www.abjfoundation.org.in

cmt@abjfoundation.org.in
abj247cares@gmail.com

+91 9437070000, +91 9124400007