



सत्यमेव जयते

## GOVERNMENT OF INDIA

- Ministry of Health and Family Welfare
- Department of Pharmaceuticals  
Ministry of Chemical & Fertilisers
- Department of Consumer Affairs  
Ministry of Consumer Affairs, Food & Public Distribution



Consumer Online Foundation

# *“Improving ACCESS to **Quality Healthcare** through **U.H.C.**”*



*"Shri Kashi  
Vishvanathdharm  
is a relief area  
with good service  
to all patients".*

– Sri Anandamayee Ma

Launching

First Time in India  
**Universal  
HEALTH Coverage**  
for the  
**Poor & Elders**

9th to 11th August 2015  
**VARANASI**



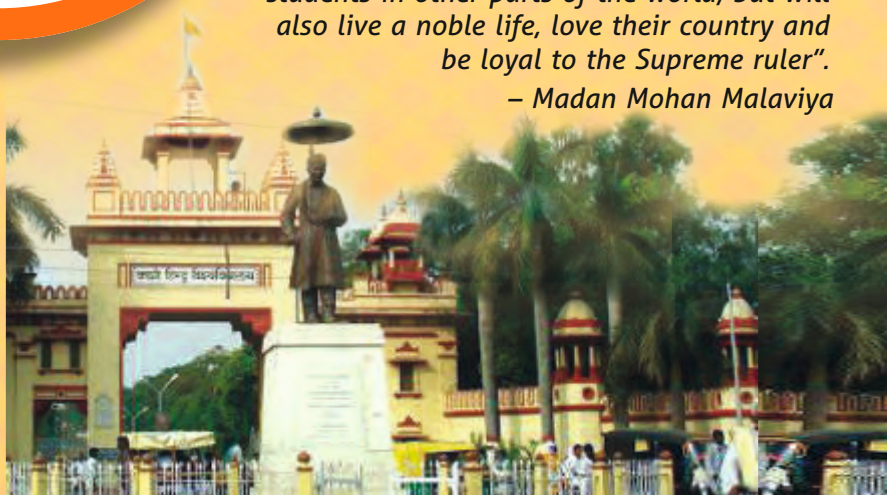
*"It is my earnest  
hope and prayers that this  
centre of life and light which is  
coming into existence, will produce  
students who will not only be  
intellectually equal to the best of their fellow  
students in other parts of the world, but will  
also live a noble life, love their country and  
be loyal to the Supreme ruler".*

– Madan Mohan Malaviya

Organised By :

- Mata Anandmayee Hospital
- Partnership for Safe Medicines (PSM) India Initiative
- Consumer Online Foundation, New Delhi

[www.safemedicinesindia.in](http://www.safemedicinesindia.in)  
[www.consumerconexion.org](http://www.consumerconexion.org)



**Toll Free Helpline Number 1800-11-4424**



Partnership for  
**SAFE MEDICINES INDIA**  
SAFEMEDICINESINDIA.in



**Medlife**.com  
WE DELIVER VALUE





‘यु.एच.सी.’ के जरिए

# गुणवत्तापूर्ण स्वास्थ्यसेवा

की पहुँच में सुधार

शुभारंभ

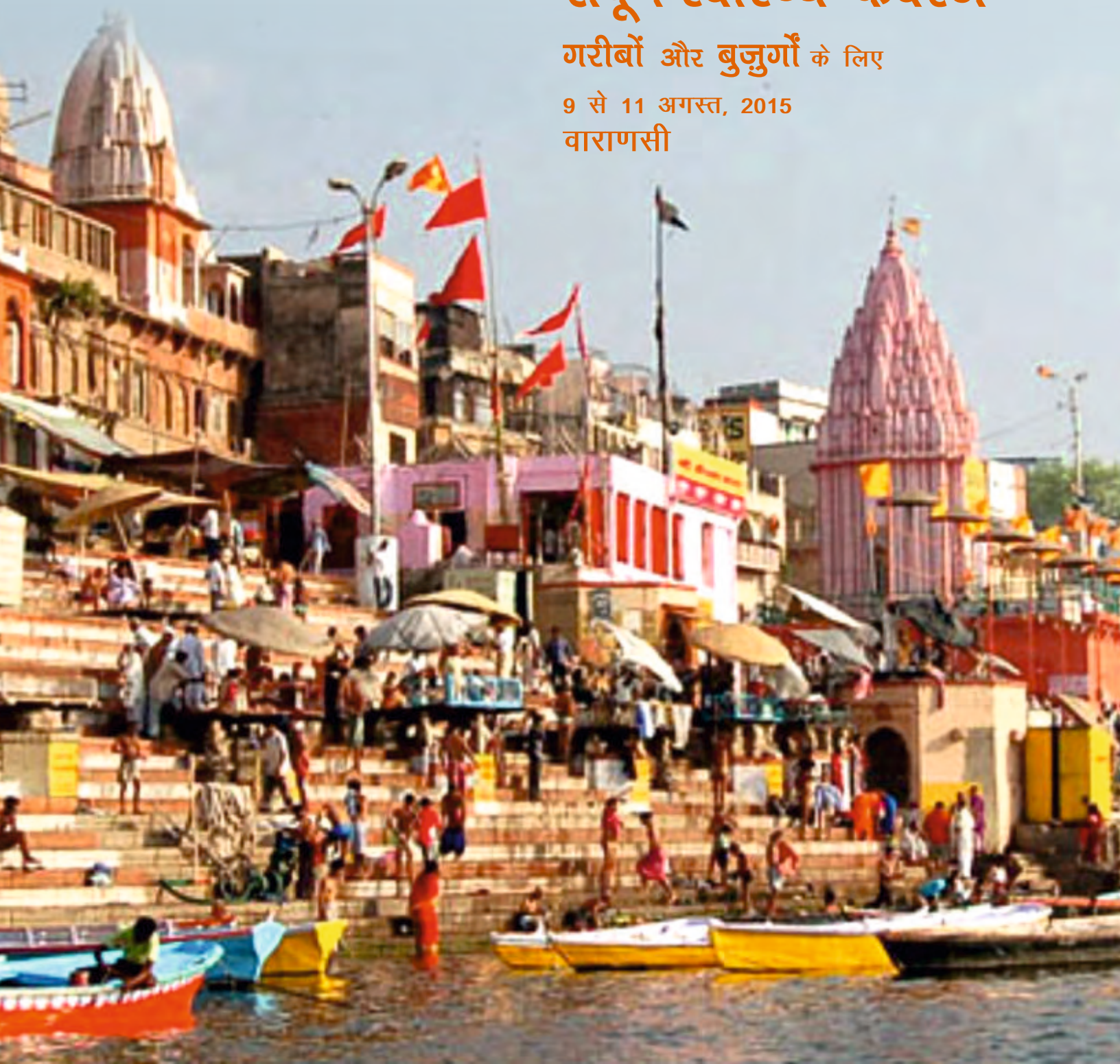
भारत में पहली बार

## संपूर्ण स्वास्थ्य कवरेज

गरीबों और बुजुर्गों के लिए

9 से 11 अगस्त, 2015

वाराणसी



डॉ. हर्ष वर्धन  
DR. HARSH VARDHAN



मंत्री  
विज्ञान और प्रौद्योगिकी एवं पृथ्वी विज्ञान  
भारत सरकार  
नई दिल्ली-110001  
MINISTER  
SCIENCE & TECHNOLOGY AND EARTH SCIENCES  
GOVERNMENT OF INDIA  
NEW DELHI - 110001

### MESSAGE

I am very glad to know that The Partnership for Safe Medicines India in collaboration with Mata Anandmayee Hospital, Shivala, Varanasi is organizing Pilot initiative to ensure Safe & Quality Healthcare on 9-11<sup>th</sup> August, 2015 at Clerks Hotel, Varanasi.

The Partnership for Safe Medicines India to a large extent save lives and provide coverage to the poor and elders so that they receive preventive care on time and not become victims of financial out of pocket expenses.

I convey my best wishes to the Partnership for Safe Medicines India on the occasion of Launch of Access to Safe & Quality Healthcare.

  
(Dr. Harsh Vardhan)

209, अनुसंधान भवन, 2, रफी मार्ग, नई दिल्ली-110001 दूरभाष : +91-11-23316766, 23714230; फैक्स : +91-11-23316745  
209, Anusandhan Bhawan, 2, Rafi Marg, New Delhi-110001 Ph.: +91-11-23316766, 23714230; Fax : +91-11-23316745



**NITIN PATEL**



No. : H.F.W./R. & B./C.P. [REDACTED] 57/534/15  
**Minister**  
**Health, Medical Education,**  
**Family Welfare, Road and Building**  
**Capital Project, [REDACTED]**  
Government of Gujarat,  
Swarnim Sankul-1, 2nd Floor,  
Sardar Bhavan, Sachivalaya,  
Gandhinagar-382 010.  
Date **22 JUL 2015**

**Message**

I am thankful for your invitation as Guest of honour, for launch of the Pilot initiative on 9th August 2015 at Varanasi. Because of Pre-decided Scheduled, I will not be able to attend the ceremony.

I wish great success for launching of Pilot initiative on universal health coverage at Varanasi. I would like to express my sincere appreciation to all those who have Participated in this Programme.

*N.Patel*

**(Nitin Patel)**

To,  
✓ **Shri Bejon Kumar Misra,**  
Founder, Consumer Online Foundation,  
5 A, Ground Floor, Shram Sadhana Building,  
57, Dr.D.V.Pradhan Road, Hindu Colony Lane No.1,  
Dadar (E), Mumbai-400014

**Resi. :** Minister's Bungalows No. 20, Sector-20, Gandhinagar-382020  
Ph. : 23259707, 23232491, 23221891  
**Office :** 079-23250106 to 23250110, 23238072-23248007  
**Fax :** 079-23257616 **Vidhansabha :** 079-23253194/23251058.



सत्यमेव जयते

नृपेन्द्र मिश्र

**Nripendra Misra**

Principal Secretary to Prime Minister

4232180-PMO/2015

July 08, 2015

Dear Shri Misra,

I have received your letter of 27 June, 2015 inviting me to the launch of the "National Health Assurance Mission" being organised on 9<sup>th</sup> August, 2015 at Varanasi.

I regret to inform you that my pre-occupation would not make it possible for me to accede to your request.

I extend my best wishes for the success of the programme.

With regards,

Yours sincerely,

[Nripendra Misra]

Shri Bejon Kumar Misra  
International Consumer Policy Expert  
Consumer Conexion  
F-9, 2<sup>nd</sup> Floor, Kailash Colony  
**NEW DELHI - 110048**

प्रधान मंत्री कार्यालय, साउथ ब्लॉक, नई दिल्ली-110 011  
PRIME MINISTER'S OFFICE, SOUTH BLOCK, NEW DELHI-110 011  
TEL. 23013040 FAX-23017475





## Shree Shree Anandamayee Sangha Kankhal(Haridwar) -249402(UK)

Email:anandmayeesangha@rediffmail.com

Ph: (01334) 312565/212025/246575



### Message

Somesh Chandra Banerjee

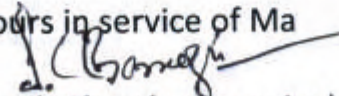
I am delighted to know that the PSM (India) has taken initiative to launch the pilot initiative to facilitate improving access to safe and quality health care of about one lakh poor and elderly patients through the National Health Assurance Mission (NHAM) in collaboration with Benaras Hindu University and Mata Anandamayee Hospital and under the able guidance of Shri Bejon Misra, the founder of PSM (India).

Shree Shree Ma Anandamayee, the Universal Mother, promoted the most philosophical approach for implementation of medical services to the patients following sincerely '*Rog-rupi jan janardan seva*'. Accordingly, Mata Anandamayee Hospital at Varanasi is serving the patients in this holy city since last 60 years at an affordable expense to the patient. The hospital could not cope with the enormous price inflation resulting deterioration of the hospital services. Under such adverse circumstances, the arrival of PSM (India) is like rays of light coming in the dawn. We sincerely hope that the efforts being made by the PSM (India) through NHAM in Varanasi will give a great relief to a large population of this holy city. We also expect that Mata Anandamayee hospital will be benefitted considerably to serve the people when adequate financial help from the Central and State Government will be made available to the hospital.

We pray to Anandamayee Ma to shower Her blessings on the persons who are sincerely involved in such a philanthropic work.

With warm regards

July 20, 2015

Yours in service of Ma  
  
(Somesh Chandra Banerjee)  
General Secretary



**Swami Deveshananda**

Secretary Mata Anandmayee Committee &  
Chairman, Core Group of the Project Varanasi on ACCESS

Joy Maa

On behalf of PSM India, Mata Anandamayee Hospital, BHU Academia and the entire Core Group of the National Consultation on "Improving ACCESS to Quality Healthcare through Universal Health Coverage," I welcome you all to the holy city of Varanasi.

As we embark upon this pilot program, we see the needy faces of the Jan Janardan whose seva is like serving God and hence our work is not only humanitarian but also divine. Maa always used to say "Rog Rupi Jan Janardan Seva" is our duty.

I am overwhelmed by the help and support for this project from various government departments at the Centre and State; resource persons from various public, private, non-governmental and social organizations, and prominent citizens of Varanasi.

As an outcome of this pilot initiative the management and staff of Mata Anandamayee Hospital looks forward to its up gradation so that with improved infrastructure, technology and resources it will fulfil the objectives of this pilot project and make it self-sustainable with MA's Blessings.

And, last but not the least, I want to personally thank Shri Bejon Kumar Misra and Shri Prafull D Sheth, and staff of Mata Anandamayee Hospital for working tirelessly to make this national consultation a possibility.

With warm personal regards, Yours in Service of Maa





▲ 13th Board Meeting of PSM India in progress at Srinagar on 19th May, 2015

◀ PSM India delegation with Former President of India Dr. A.P.J. Abdul Kalam on 29th April, 2011

## Our Moving **FORCE** ... Meet our Board Members



Chairman  
**Mr. Wajahat Habibullah**, IAS (Retd.)  
Former Secretary to the  
Government of India  
529 Kailash Apartments,  
East of Kailash, New Delhi 110065



**Mr. S. Krishnan**, IAAS (Retd.)  
Chairman, Healthy You Foundation  
E-212, Anand Lok, Mayur Vihar-I,  
Delhi - 110 091

Vice Chairman  
**Dr. Pervez Ahmed**  
CEO & MD,  
Urgent Care Private Limited  
CC29, 1st Floor, Nehru Enclave,  
Kalkaji, New Delhi 110019



**Mr. Bejon Kumar Misra**  
Founder Trustee,  
Consumer Online Foundation  
F-9, Second Floor, Kailash Colony  
New Delhi 110048



**Mr. L. Mansingh**, IAS (Retd.)  
Former Secretary to the  
Government of India  
A-403, Nayantara Apartments,  
Plot No. 8B, Sector - 7,  
Dwarka, New Delhi 110075



**Mr. Prafull D. Sheth**  
Former Vice President,  
International Pharmaceutical  
Federation (IPF)  
E-256, Greater Kailash Part - I,  
New Delhi -110048

**Mr. P. C. Jha**, IRS (Retd.)  
Former Chairman,  
Central Board of Excise & Customs  
A1/139, First Floor,  
Safdarjung Enclave,  
New Delhi 110029



**Mrs. Bina Jain**  
Former President,  
All India Women's Conference (AIWC)  
Sarojini House,  
6 Bhagwan Dass Road,  
New Delhi 110001







**Dr. Krishan Kumar Aggarwal**  
President, Senior Consultant Physician,  
Cardiologist & Hony. Secretary General,  
Indian Medical Association (IMA) HQs.  
E 219, Greater Kailash Part 1,  
New Delhi 110048



**Dr. (WgCdr) Manisha Kukreja Batla**  
Consultant, Preventive Healthcare  
C 19, Greater Kailash Enclave I,  
New Delhi 110048



**Ms. Reena George**  
Advocate,  
Supreme Court of India,  
New Delhi 110001



**Mr. Anil Khaitan**  
Chairman  
India Pharma Forum  
"SATYAA" 221, Church Road,  
Vasant Kunj,  
New Delhi 110049



**Dr. Rashmi Kulshrestha,**  
Regulatory Consultant,  
Regulatory Wisdom,  
113-114, Vardhman Grand Market  
Sector 3, Dwarka,  
New Delhi - 110 078



**Dr. P.V. Venugopal**  
Public Health Specialist,  
WHO Temporary Adviser,  
A 11, Sarvodaya Enclave  
New Delhi 110017



**Mr. T.K. Govindan,** Director,  
Cell for Consumer Education &  
Advocacy Society  
E 45, Lower Ground Floor,  
Greater Kailash Enclave I,  
New Delhi 110048

The key organisers of the  
Srinagar event 19-21 May, 2015  
in the state of Jammu & Kashmir



# Universal Health Coverage

Government of India is considering rolling out a National Health Assurance Scheme in partnership with the State Governments to reduce the out of pocket spending on health care by the common man. What we need to be careful is the fact that even after introducing several schemes in the last 10 years, the poor is still unable to access quality health coverage and around 20 million citizens in India are pushed into poverty due to lack of healthcare coverage. Public Health being a State subject, the Central Government has been supplementing the efforts of the States/UTs under the National Rural Health Mission (NRHM) to provide accessible, affordable and quality healthcare to the rural population. In 2013, the National Health Mission (NHM) was approved subsuming NRHM and the National Urban Health Mission (NUHM) as its Sub-Missions with the vision of attainment of universal access to equitable, affordable and quality health care services to all the population. Under NHM, financial support is being provided to States/UTs for strengthening their health care systems including support for several services free of cost to all those who access these services in public health facilities. It is observed that even after providing such facilities, patients/consumers are unable to access these services due to lack of accountability and transparency in the process of delivery and access. It is high time the Government empowers the citizens to access healthcare facilities of their choice based on quality and accessibility rather than using public funds without any kind of accountability towards the citizens with respect to quality and safety.





The goal of **Universal Health Coverage** is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. This requires a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers.

- Ensuring that every individual in this diverse nation obtains the needed health services without suffering financial hardship.

The National Rural Health Mission (NRHM) launched by the Government of India in 2005 seeks to provide accessible, affordable and quality health care to the rural population, especially the most vulnerable. It also sought to reduce the Maternal Mortality Ratio in the country from 407 to 100 per 100,000 live births. Infant Mortality Ratio from 60 to 30 per 1000 live births and the Total Fertility Rate from 3.0 to 2.1 within the seven year period of the Mission.

Now, the NRHM along with the recently launched National Urban Health Mission (NUHM) has been subsumed under the National Health Mission (NHM). Despite significant progress especially since the launch of NRHM, challenges remain:

- the availability of health care services provided by the public and private sectors taken together is inadequate;
- the quality of healthcare services varies considerably in both the public and private sector as regulatory standards for public and private hospitals are not adequately defined and, are ineffectively enforced; and
- the affordability of health care is a serious problem for the vast majority of the population, especially at the tertiary level.



CONCEPT NOTE

# Improving ACCESS to Quality Healthcare through Universal Health Coverage: Varanasi Initiative 2015

## Introduction

According to the World Health Organisation (WHO) constitution, the highest attainable standard of health is a fundamental right of every human being. This is also applicable to India as per the Constitution and the existing laws of our country. Despite India being one of the world's fastest growing economies during the past decades, India's health-care indicators are among the worst among developing countries. The Indian Government spends only 1.04% of its gross domestic product (GDP) on publicly funded health, which is one of the lowest in the world. Higher amounts of public health finance are pivotal to provide a wide range of essential health services and to create an improved infrastructure, expansion of the health-care workforce, and provision of drugs and equipment to fully and appropriately use the funds allocated. If we compare with other countries, it is 12% in South Africa and 3 percent in China. There is an urgent need to prioritize expenditure on public health in order to meet the health-care challenges efficiently and sustain economic growth by decreasing inequalities. In our view, the Modi government should increase public spending on health to at least 3% of the GDP by 2016, and 4% by 2020. The highest priority must be accorded to resource allocation for public health, and implementation must be monitored by India's Prime Minister himself to ensure success.

Consumer organisations in India have been continuously demanding since the last 30+ years for more resources made available in the healthcare sector so that the citizens are able to access quality healthcare without opting for debt or selling their

property. In this context, it is heartening to note that the present Modi government had assured accessibility to quality healthcare for all irrespective of the economic profile of the citizen and implement Universal Health Coverage (UHC) as agreed within the framework of the World Health Assembly. The BJP manifesto in 2014 had promised radical reforms in health care with the help of National Health Assurance Mission (NHAM) and other Government-initiated schemes. The vision to provide accessible and affordable health care to every citizen through the National Health Assurance Mission (NHAM) is a welcome step. However, the government has not specified how health-care reforms will be achieved or how measures will be undertaken and funded within a given time line to achieve the objectives of NHAM. India's universal health plan that aims to offer guaranteed benefits to a sixth of the world's population with an estimated cost of 1.6 trillion rupees (\$26 billion) is proposed to be launched soon as stated by the Modi Government. Under the UHC, Indian government would provide all citizens with free medications and diagnostic treatment, as well as insurance cover to cure serious ailments.

In India's health-care system, nearly 70% of overall health spending is incurred by private out-of-pocket expenditure, and 70% of this is spent on medicines. Several studies have revealed that private out-of-pocket expenditure on health pushed 60 million Indians below the poverty line in 2010. Barriers to health care are not only technical, but also political. Coordinated political action at both the state and central levels is needed to accomplish the NHAM on a sustainable basis. Hence, a complete overhaul of the health system is warranted to achieve the



objectives of NHAM, including how the private sector providers and insurers can contribute toward achieving UHC. The Hon'ble Prime Minister and the Finance Minister of India should accord a high priority to health as an integral component of the development agenda for improvement of the nation's health substantially.

The terms and conditions and terminology of health insurance policies should be made pro-consumers as it lacks prompt redressal and access. If health insurance policies and health insurance companies are to succeed, a critical mass is important. Simplifying policies will help achieve this objective faster. Insurance Regulatory & Development Authority (IRDA) in India has to ensure improvement in the access of insurance products pertaining to healthcare coverage and health-related risks in an affordable manner. Institutions like the National Pharmaceutical Pricing Authority (NPPA) have to become more pragmatic and active in order to improve accessibility to quality medicines and ensure affordability without compromising on quality and safety. Modern technology enables transparency and accountability to the end users of medicines, which unfortunately is lacking in our country. There is an urgent need to protect the patients from unsafe and irrational use of medicines. Healthcare sector is one of the largest and critical-to-people sectors. The information asymmetry and the human sensitivity only add to the complexity. An exclusive National Regulator for healthcare is required now, as more and more individuals are purchasing medical insurance, who are demanding processes, quality and consistency (in treatment and billing systems) from hospitals. The tiff between Third Party Assessors (TPAs), Insurers and hospitals are now a common phenomenon and the individual policyholder are left in the lurch. We have to address these issues promptly.

Most of the government hospitals are overcrowded and lack the resources to meet the growing demand, while access to essential health services in rural areas and smaller towns remains poor. While primary healthcare is made available to the citizens across India, for many the closest health care

centres are still around 100 kilometres away. The primary healthcare centres have to be made efficient and user-friendly with facilities like 24X7 Toll Free Help lines and ambulance/emergency service. Expanding and improving the quality of primary health services will be challenging, but can be addressed through partnerships among all the stakeholders, especially the top branded private healthcare providers.

To meet these challenges, a public-private partnership (PPP) is proposed involving a group of committed stakeholders who will work closely with the State of Uttar Pradesh and Central Government to achieve the goal of UHC through the efficient use of the resources and technology. The PPP will conduct a demonstration project in Varanasi with the goal of full health care coverage based on profiling the health of at least 100,000 citizens of Varanasi in the next 12 months, with focus on the poor and the elders. The project will focus on improving preventive healthcare services by ensuring adequate availability of expert doctors in rural areas surrounding Varanasi, while new infrastructure would be developed under existing welfare programmes. Primary care in the outpatient or clinic setting, tertiary care services and specialized consultative care services would be provided through an insurance-based model and the government will offer more than 50 percent of essential medicines free to all its citizens within Varanasi in a phased manner. Along with the medicines, about 12-15 diagnostic treatments would be offered in the package, free of cost or under partially subsidised scheme to the beneficiaries.

The project will be managed under the public private partnership(PPP) model by engaging with various stakeholders already existing in Varanasi like the Banares Hindu University, Mata Anandmayee Hospital, State Government Healthcare facilities, private sector healthcare facilities and private/public insurance companies along with national organisations like the Partnership for Safe Medicines (PSM) India Initiative, Consumer Online Foundation and Central & State Government driven organisations. This proposal is designed to seek

support from Government of India, Government of Uttar Pradesh and other like-minded organisations for creating a model to improve accessibility to quality healthcare through a community based collective intervention. All the stakeholders engaged in the healthcare delivery system will be invited to join the collaborative start-up model, which will be not-for-profit for the promoters of this project but will encourage healthy competition amongst the for-profit and not-for-profit healthcare providers and insurers in Varanasi and subsequently throughout India. The launch of the project is proposed on 9-11 August 2015 at Clarks Varanasi in the presence of Senior Government officials and Experts on the subject.

## Objectives

- To build a partnership between public and private entities to implement the concept of Universal Health Coverage (UHC) as a pilot in the City of Varanasi.
- To work with Government of India & the State Government of Uttar Pradesh to roll out the UHC in Varanasi based on the resources made available for the purpose by the Government and Private Entities under the Corporate Social Responsibility (CSR)
- To maximize utilisation of all the existing public and private healthcare facilities in Varanasi by developing and designing an Information Technology (IT) based software application, which will deliver prompt and appropriate healthcare service irrespective of the economic profile of the citizen.
- To adopt modern technology by engaging with Students to capture the health profile of every citizen and enable accessibility to preventive and curative care as per the need and expectation of the patient & their care givers in an appropriate and affordable manner without any discrimination.

## Methodology

The proposed initiative will be a partnership between various stakeholders in the public and

private sector, engaged in the healthcare delivery system in India. It will be driven by professionals and experts identified by the CORE Group Members who are the founders of the initiative like Mata Anandmayee Hospital, PSM India and Prominent Citizens of Varanasi for managing and implementing the pilot initiative in Varanasi. The proposed project will be launched on 9<sup>th</sup> August 2015 at 6pm at Hotel Clarks Varanasi followed by a National Consultation on Universal Health Coverage at the same venue and the first organizational meeting will be held on 1-2 June 2015. The second meeting of the CORE Group prior to the launch will be held in Varanasi on 8-9 July 2015. The activities for the first 12 months will focus on improving the processes and the systems to increase accessibility to safe and quality healthcare to at least 100,000 citizens of Varanasi identified as BELOW THE POVERTY LINE (BLP) CITIZENS or as SENIOR CITIZENS (Age 60+) and in a phased manner they will be provided with a digitised HEALTH CARD to enable seamless accessibility to preventive and urgent healthcare. The Health Card will also ensure full healthcare coverage to the citizen in a prompt and efficient manner plus eradicate frauds and irrational medication to improve the life-style and lower out-of-pocket expenses of patients. The funding for the expenses projected for managing the initiative will be pooled into a common fund managed jointly by the designated members of the CORE Group and deposited into a dedicated bank account for the purpose at Varanasi. Initially the secretariat will be established in either MATA Anandmayee Hospital or any other suitable place as decided by the CORE Group Members, till an alternative office space is not identified for the secretariat officers and staff. All the activities conducted under the project will be documented and information emerging from the initiative will be used for conducting research and development on Patient Safety and Accessibility to Quality Healthcare by the faculty and students of Banares Hindu University (BHU). A comprehensive data base will be collated on the existing healthcare facilities available in Varanasi in terms of public and private Service Providers for encouraging legitimate entities as per the provisions of law and eradicate use of unsafe medicines and unauthorised



healthcare service providers, who are deemed to be quacks or not-of-standards or spurious. A 24X7 Toll Free Helpline will be made functional to enable citizens to access credible information based on evidence and official approvals from the concerned authorities. A web based PORTAL will also be made functional to empower the citizens to make informed choice based on truthful information made available on the website for persons who are internet savvy or prefer virtual digital communication. All personal information collected from the initiative will be digitised and kept under Government Custody to maintain confidentiality and not allow any kind of data misuse for commercial consideration, which are private and confidential in nature.

### Proposed Activities

1. Formation of the CORE Group Members and organisational Meeting in Varanasi on 1-2 June 2015 and invitation to the initial members of the CORE Group and Special invitees to the first meeting in Varanasi will be organised by PSM India Initiative and Consumer Online Foundation
2. Finalisation of the Concept Note and the Proposed Project by the Board Members of the various partner organisations and defining the roles and responsibilities of each of the CORE Group Members, with regards to the project and its implementation. June 2015
3. Preparations for the launch on 09-11 August 2015 and engaging with the various donors and partners to the project to raise the resources and the support for its effective implementation. June to August 2015.
4. Organise the Launch and its report for the donors will be organised by PSM India Initiative and Consumer Online Foundation along with various other donors and subsequently the proposed project will be supported jointly by various stakeholders including Government of India and the Uttar Pradesh State Government as partners for sustaining the project. August 2015.
5. Establishing the Secretariat and recruitment of the senior officers and Staff for the project implementation, signing of the contracts by the designated Secretariat Head of the Project by Mata Anandmayee Hospital for employment and other support infrastructure within Varanasi by end of August 2015.
6. Mega Publicity Campaign in Varanasi and recruitment of the beneficiaries and issuing of health cards starting from August 2015 and continue on a daily basis to cover 100,000 beneficiaries linked to the project and its objectives at the shortest possible time after the product and services are defined emerging from the National Conference on 09-11 August 2015.
7. Identification of the various healthcare providers in Public and Private Sector and provide full information on the website and hard copy for improving access. The data bank will carry full information about the healthcare provider along with information about its accreditation as per agreed Standards and encourage all to seek NABH & BIS Accreditation to assure safety and quality to the patients. This will be a continuous process starting from August 2015.
8. Conduct regular review meetings with the Top Management Committee and the Core Group Members in Varanasi every month (first week) starting from September 2015. The Agenda and the proceeding of the review meetings will be posted on the website within 48 hours for public information and suggestions for improvement in the process and delivery system.
9. Start the process for establishing the Medicine Bank and The Jan Aushadhi Store in the Maa Anandmayee Ashram Hospital and make it functional within 3 months starting from September 2015. Create a Data Base for all diagnostic centres and Chemists and Druggists Shops in Varanasi, which are Government Approved and make the information public to ensure informed choice to the consumers and encourage healthy competition in the marketplace. This should be completed by October 2015.
10. Launch the 24X7 Toll Free Helpline and the Website by October 2015 and conduct again a big

round of publicity and promotion with support from media and Government.

11. Launch the Centre for Excellence in BHU on Patient Safety and Access to Quality Healthcare with IIT BHU and cover issues concerning Pharmacovigilance Program of India (PvPi) and Rational Use of Anti-biotics/medicines to record regularly incidents of Adverse Drug Reactions (ADRs) and anti-resistance anti-biotics. This will be done by December 2015.

12. Launch the centre for Excellence in BHU on Haemovigilance under Haemovigilance Programme of India (HvPI) to identify and prevent occurrence and recurrence of transfusion related unwanted events, to increase the safety, efficacy and efficiency of Blood Transfusion, covering all activities of the transfusion chain from Donor to Recipient. This will be done by October 2015.

13. Review progress in March 2016 over a round table consultation with all the donors, partners and Government in Varanasi and invite support for strengthening the initiative based on lessons learnt and release of research papers emerging from the project by engaging with BHU Faculty Members and Students as part of the Centre of Excellence established in BHU on Patient Safety and Access to Quality Healthcare for all the citizens of Varanasi.

14. Continue the process of improving ACCESS to Quality Healthcare by engaging with all the registered medical practitioners of Varanasi to ensure none of the beneficiaries entitled for accessibility to quality healthcare are denied free service from the Government. Where ever the Management Team decides to bring changes in the access delivery process will be allowed to incorporate to improve accessibility to quality healthcare for Children and Senior Citizens.

15. Regular awareness camps will be organised every three months starting from January 2016, at the door step of the patients along with education in the local language on preventive care and recognizing the disease and taking prompt action based on the symptoms and medical practitioner's prescription. A campaign will be launched in October 2016 against self-medication and

dispensation of medicines without Medical Practitioner's Prescription.

16. Finally based on the outcomes and benefit perceived by the patients of Varanasi, the project will be scaled up in Varanasi and replicated in other locations starting from July 2016 and all the activities will be institutionalised in Varanasi to ensure sustainability on a public private partnership mode.

17. A reward and recognition event will be organised in July 2016 for the best performing Officers and Staff engaged in the project. Even the Faculty Members and the Students of BHU will be eligible to seek recognition on innovations and improvement in the processes as part of the activity of the Centre of Excellence on Patient Safety and Accessibility to Quality Healthcare. The pilot initiative will be closed and a proper functional institution will be handed over to BHU and Mata Anandmayee Hospital to ensure full coverage of all the citizens of Varanasi as per the objectives of UHC.

### Expected Outcomes

1. Bring more than 100,000 citizens of Varanasi under health coverage who are denied access to healthcare as desired through a Public Private Partnership initiated by professionals, citizens and organisations in partnership with Governments.

2. Improve accessibility to all existing healthcare facilities in Varanasi by creating a common database on its availability to ensure efficient usage of public and private infrastructure and making them affordable by adopting modern technology and global best business practices in the interest of the patients.

3. Establish a medicine bank and JAN AUSHADHI Store for the poor to lower out-of-pocket expenses and indirectly address the affordability issue.

4. Design and develop an IT driven tool to monitor and evaluate all Government driven schemes on improving accessibility to medicines, diagnostics and treatment to all forms of illness to ensure effectiveness and success.



5. In collaboration with the Insurance Companies, launch new products in Varanasi as per the needs of the citizens to improve access and further strengthen existing Government schemes, such as Rashtriya Swasthya Bima Yojana (RSBY) and others.

6. Manage a patient complaint redressal mechanism on all issues concerning healthcare and standardise the various dimensions of healthcare services in a voluntary manner in collaboration with all the service providers including medical practitioners, pharmaceutical companies, public and private healthcare providers and Government Departments engaged with healthcare delivery system.

7. Institutionalise a community driven initiative along with Government support as a model for replication in other locations in the country.

8. A centre of Excellence initiated in BHU on Patient Safety and Accessibility to Quality Healthcare for conducting research based on ADRs and medication errors. Also establish a Centre for Excellence in Varanasi on Haemovigilance under Haemovigilance Programme of India (HvPI) to ensure safety, efficacy and efficiency of Blood Transfusion, covering all activities of the transfusion chain from Donor to Recipient.

9. Prepare a comprehensive report every 6 months on the tangible outcomes achieved from the initiative and make them public for seeking feedback on its effectiveness.

## Conclusion

It is now the right time for the citizens and those involved with healthcare delivery system to come together and work in an equitable manner to focus on all the dimensions on improving access to quality and safe healthcare. We must consolidate all

the resources deployed by the Governments at the cost of the taxpayers or private sector at the cost of the consumers towards accessibility to healthcare and make it more accountable and non-discriminatory towards patients. To truly improve access to healthcare, it is critical to advance sustainable policy solutions to healthcare financing, infrastructure, and human resources challenges, among others. Without the required investment this will continue to represent a critical barrier to broader access for healthcare. As the present Modi Government seeks to expand its expenditure on healthcare, it must select a strategy that provides the greatest healthcare access benefit to the Indian population. Recognizing that not everything can be changed overnight and the timescale is long, a roadmap is essential to bridge the gaps, action prioritized, interconnections and dependencies recognized, resources directed to the right areas, targets defined, progress measured, and the community integrally involved along the way. Recent progress and commitments by the Government and private sector suggest the willingness exists to invest and operationalize the changes needed to broaden healthcare access across the entire Indian population. In order to reach a viable solution, a group of professionals, citizens and organisations committed to improve accessibility to quality and safe healthcare, are encouraged to work on a pilot initiative in a designated location in India to develop a framework on how India can assure access to healthcare for all the citizens in a significant manner in the next five years based on global best practices and success stories in India.

*Mr. Bejon Misra is Founder, Partnership for Safe Medicines (PSM) India Initiative and Consumer Online Foundation, New Delhi*



The Partnership for Safe Medicines India wants to work with you to address the spurious medicine problem through education and providing constituents with tools to protect themselves and their families.

## P A T I E N T ' S   S A F E T Y

# Consumer's Right to Safe Medicines



### We invite you to:

- 1 Write to us on our email: [pooja@safemedicinesindia.in](mailto:pooja@safemedicinesindia.in) or call us at our Toll Free Helpline No.: 1800-11-4424 and share with us on all your anxieties concerning safe medicines.
- 2 Let us know who you are and how you can participate in the partnership by logging on to our website [www.safemedicinesindia.in](http://www.safemedicinesindia.in)
- 3 We shall keep you updated on all the latest alerts and developments around the world with focus on India on your safety & health through our fortnightly newsletter – “*The PRESCRIPTION*”.

Tap new resources at [www.safemedicinesindia.in](http://www.safemedicinesindia.in)

*The Partnership for Safe Medicines is a group of organizations and individuals that have policies, procedures or programs to protect consumers from spurious and sub-standard medicines.*

**Health & Safety of the Patients  
Should Always Prevail Over Profit**





## AN 8 STEP CHECKLIST FOR MEDICINE SAFETY

**T**his eight-step checklist will help you judge whether your medications are safe and provides tips on what to do if you think a drug has been compromised.

■ **Sample:** Request a sample from your physician when you are first prescribed a medication to help you establish a “baseline” of a product’s characteristics, including its appearance, taste, texture, reactions and packaging. Please note that manufacturer samples are usually only available for brand name medications and not generic products. Generics may differ in shape or color but still be a safe and effective product. For specific questions on identification of medications, talk to your pharmacist.

■ **Appearance:** Compare the prescription medicine you receive with what it is supposed to look like by taking pictures of the original manufacturer’s drug and all associated packaging with the drug you are taking. You can also find pictures in the Physicians Desk Reference. When comparing packaging, look for differences in paper, printing, color, and fonts (i.e. is it the same size, raised print, embossed, etc.).

■ **Feel:** Take note of the prescription drug’s taste and any associated feelings once you take it. Is there anything unusual in your body’s reaction compared to previous experiences, such as a stomachache or headache? Keep a diary of how you feel when you take your medications so you can compare.

■ **Evaluate:** Reflect on how your body has reacted over the course of the treatment. Do you feel that you are benefiting from the medication? Is your condition improving, stabilizing, or are you reverting back to ill health? Always ask your doctor or pharmacist what you should expect to feel when you take your medicine

and when you should expect to begin feeling relief or improvement. Remember: spurious drugs can contain not enough, too much or no active ingredient.

■ **Doctor:** If your drugs do not seem to have the same taste or if you feel different than usual, immediately write down your symptoms and contact your doctor and pharmacist.

■ **Report:** If you have any concerns about the quality of your drugs, or have confirmed there is a difference in packaging, labeling, or pills, immediately contact the pharmacy where you purchased them. You may also want to contact the FDA and the manufacturer of the medication to report your concerns.

■ **Unavailable:** If you confirm that your medicine is spurious, immediately remove it from your medicine cabinet. Mark it with a red pen and put tape around the top of the drug container so that it will be unavailable to you or others in your family. Until you can send the suspect medication to the appropriate local law enforcement officials, or dispose of it safely, it is important that you and any family members do not confuse this medication with any legitimate prescription drugs you may be taking. Contact the FDA for more information.

■ **Gather:** Gather all the information you can find on how, where and when you obtained the spurious medication and how long you have been taking it. Was it from the Internet, from a mail order, or from a local pharmacy? When did you purchase the medication? Do you still have the packaging? How long have you been taking the counterfeit drugs? If the medication must be taken routinely, you should also contact your physician or pharmacist to arrange for a checkup and a new supply so that you can resume taking your medication.



## International Principles for Drug Safety

- Unify in the Fight Against Counterfeit or Spurious Drugs
- Secure and Protect the Supply Chain
- Regulate Online Drug Sellers



# Universal Health Coverage (UHC): Access to Essential Medicines

## Introduction

India is embarking on an ambitious target of achieving Universal Health Coverage (UHC) for all during 12th Plan period. Everybody will be entitled for comprehensive health security in the country. It will be obligatory on the part of the State to provide adequate food, appropriate medical care, safe drinking water, proper sanitation, education and health-related information for good health. The State will be responsible for ensuring and guaranteeing UHC for its citizens. With the mandate of developing a framework for providing easily accessible and affordable health care to all Indians a High Level Expert Group (HLEG) on UHC was constituted by the Planning Commission of India in October 2010. While financial protection was the principal objective of this initiative, it was recognised that the delivery of UHC also requires the availability of adequate healthcare infrastructure, skilled health workforce, access to affordable drugs and technologies to ensure the entitled level and quality of care given to every citizen. Further, the design and delivery of health programmes and services call for efficient management systems as well as active engagement of empowered communities. Under the new Government's National Health Assurance Mission all citizens will be provided with free drugs and diagnostic treatment, as well as insurance cover to treat serious ailments. The proposed plan would be rolled out in phases from April 2015 and will cover the entire population by March 2019. When the entire population is covered, it would cost an estimated \$11.4 billion annually.<sup>1,2</sup>

## Access to Essential Medicines

Under the Universal Health Coverage, improving access to essential medicines is perhaps the most

complex challenge for all actors in the public, private and NGO sectors involved in the field of medicines supply. They must all combine their efforts and expertise, and work jointly towards solutions. As per WHO, many factors define the level of access, such as financing, prices, distribution systems, appropriate dispensing and use of essential medicines. WHO has formulated following four-part framework to guide and coordinate collective action on access to essential medicines:

- Rational selection and use of essential medicines
- Affordable prices
- Sustainable financing
- Reliable supply systems

When it comes to reliable supply systems, proper use of well-known and newer essential medicines for priority health problems depends on a certain minimal level of medical and pharmaceutical services. This includes inexpensive diagnostic tests to confirm diagnosis, and well-informed trained clinicians, pharmacists, nurses and other health staff to help patients, especially those with chronic illnesses, to adhere to their treatments. An overall capacity strengthening of the health and supply systems is a prerequisite to respond adequately to the increased medical and pharmaceutical needs of populations.<sup>3</sup>

According to WHO estimates, the mean availability of essential drugs in Low and Middle Income Countries (LMIC) is 35% in public sector facilities and 66% in the private sector. In India it differs between states. Medicines also account for a high proportion of households' out of pocket (OOP) expenses, accounting for as much as 70% of all households' spending on health care. Despite

improvements in terms of price and availability, data on access to and use of medicines is often weak. Even where data are available, there is limited contextual evidence and weak capacity for analysis and interpretation for development of sound policy options.<sup>4</sup>

In India, According to Community Development Medical Unit (CDMU), Core Pillars for improving medicine access are rational selection, affordable cost, acceptable quality, availability, procurement, warehousing, stock keeping, storage, quality assurance and quality control, Good Distribution Practices and supply of high quality medicines at lowest possible price.<sup>5</sup>

## References

1. National Health Portal of India: <http://www.nhp.gov.in/universal-health-coverage>
2. India's universal healthcare rollout to cost \$26

billion accessed on : <http://in.reuters.com/article/2014/10/30/uk-india-health-idINKBN0IJOVN20141030>)

3. WHO Policy Perspectives on Medicines — Equitable access to essential medicines: a framework for collective action
4. Sakthivel Selvaraj et al., Access to medicines in India: setting priorities in policy research issues. Alliance for Health Policy and System Research (WHO). [http://www.who.int/alliance-hpsr/projects/alliancehpsr\\_settingprioritiesindia\\_selvaraj.pdf](http://www.who.int/alliance-hpsr/projects/alliancehpsr_settingprioritiesindia_selvaraj.pdf)
5. Medicine Access: <http://www.cdmuindia.org/Services/Medicine-Access.aspx>

*Mr. Prafull D. Sheth is Former President and Fellow of Indian Pharmaceutical Association, Former Vice-President and Fellow of International Pharmaceutical Federation and Board Member of PSM India Initiative.*



**"रोग रूपी जन जनार्दन सेवा"**  
(Service to ailing humanity like god)





Mr. Thomas Kubic, Board Member, PSM lighting the lamp at the launch of PSM India at Mumbai on 9th Dec., 2010

## Journey of Partnership for Safe Medicines (PSM) India Initiative

### Empowering Patients towards accessibility to Safe Medicines

PSM believes that just one unsafe medicine threatens patient safety ...  
we all must work together to educate and protect patients  
around the globe to access Safe & Quality Healthcare for all

1. The first Round Table meet of all stakeholders was held on 6th September 2010. "The Partnership for Safe Medicines India Initiative" was adopted on that date in India. Mr. Bejon Kumar Misra, Founder Trustee of Consumer Online Foundation was approached to provide the leadership to the new initiative in India to tackle the menace of Spurious and not-of-standards medicines in the supply chain. Website [www.safemedicinesindia.in](http://www.safemedicinesindia.in) was launched on 7th December 2010 at The India Habitat Centre, New Delhi by the Chairman of National Pharmaceutical Pricing Authority (NPPA). A short pilot video to develop communication between the citizens was also launched on the same day. The 24 x 7 Toll Free Helpline No. 1800-11-4424 was commissioned at an event in Mumbai on 9th December 2010 to enable the citizens to speak up and get connected to share alerts concerning unsafe medicines and seek information on how to report about unsafe pharmaceutical products.

2. Partnership for Safe Medicines (PSM) India completes FIVE year of its existence in September 2015 and has moved forward with primary support from the not-for-profit International Organisation based in USA and other stakeholders including Government of India to sustain the activities in the interest of the Indian Citizens. The electronic news-letter The Prescription, which started in June 2011 with only 200 subscribers grew steadily and now has more than 10000+ subscribers and is the key tool for connectivity with the stakeholders every fortnight, in the language they desire, apart from the website, which has all the reports and media activities

His Excellency Dr. APJ Abdul Kalam,  
former President of India  
addressing the delegates at the  
National Consultation held on  
3rd October, 2011 at New Delhi





PSM India as a Participant at the APEC Life Science Innovation Forum (LSIF) Drug Safety and Detection Technology Workshop held at Beijing, China on 27-28 September, 2011

updated on a daily basis to keep the world connected with the various activities and concerns of the Indian citizens.

3. To facilitate the citizens in India to raise an alert on spurious medicines and seek information on how to manage safe medication and access to quality healthcare, the 24X7 Toll Free Helpline Number of PSM India played an extremely critical role to build awareness on the objectives of PSM India and get connected with the 900+ million consumers who are today accessible to smart mobile phones in India. In India even Television viewing has an excellent reach and lately social networking on Facebook and twitter has also become popular amongst the citizens to interact and express their views in a free and frank manner. PSM India is visible and active in all the social networking sites.

4. The first activity in the 2nd year started with the participation at the 71st International Congress of Federation of International Pharmacists (FIP) at Hyderabad from 3-8 September 2011. PSM India had designed an attractive stall for exhibiting the activities of PSM India to the participants, which was visited by more than 1000 participants from more than 60 countries including the dignitaries and the office bearers of

FIP. Our Founder, Mr. Bejon Kumar Misra was also invited to speak at one of the sessions organized and Chaired by World Health Organisation (WHO) at the conference.



PSM India goes rural – by mobilising opinion leaders and elected representatives at the Consumer Panchayat in 2011





Prof. K.V. Thomas, Hon'ble Minister of State (Independent Charge), for Consumer Affairs, Food and Public Distribution, Government of India, releasing the PSM Kit on 24th December, 2011 at Cochin on the occasion of 'Silver Jubilee Celebration' of the Consumer Protection Act, 1986



PSM India partners with Pharmaceutical Security Institute to create capacity within law enforces in India on 16th March, 2012 Chennai



Meeting with Mr. Keshav Desiraju, IAS, Secretary to the Government of India, Ministry of Health & Family Welfare and the PSM China Delegation in New Delhi on 17th January 2014

PSM China Delegation along with PSM India Board Members and Invitees at the India International Centre On 17th January 2014





## Proposal for a 5-year plan for PSM India

■ The first step would be to institutionalise the activities of PSM India and make it a Centre for Excellence on Patient Safety and Quality Medicine. PSM India should be seen as the focal point of reference for ensuring Safety and Quality of Medicines to the Patients.

■ The Quarterly NEWSLETTER should be made into Weekly NEWSLETTER and should be published in English and Hindi every alternate week to make an impact and improve the reach of the organisation. We should also bring our half yearly hard copy publications on important subjects to build awareness amongst the Patients/Consumers.

■ It should be seen as a leading Patient's/Consumer Rights Organisation and help to build an alliance with several important Patient Groups and Associations of Healthcare Providers.

■ The website should become one point solution providers on healthcare related issues and provide a prompt redressal to the patients on quality and safety related matters.

■ It should be the RESOURCE Point for Patients to raise policy issues with the Drug Regulators in all the 36 States/UTs of the Country including the Central Drug Regulator CDSCO.

■ It should have offices or affiliates in all the States and Regions of the country and build capacity within the various patients' organisations to make intellectual interventions before the policy makers and the regulators in the interest of the Patients and the other stakeholders.

■ Organise one International event every two years like in 2012 and 2014 to update the various stakeholders on the latest possible solutions on improving access to safe and quality medicines and also encourage innovation and research to enable patients to access the best solutions as patient's right to choice to access quality healthcare.

■ Every year organise consultations and Workshops on linking all the States with the Latest Success Stories and reward the best Drug Controllers from the Patient's Perspective based on a report card.

■ Recognising the efforts of good pharmacy by organising "Pharmacist of the Year" award for honest and dedicated pharmacists PAN India.

■ Certifying SAFE pharmacies as a Model Drug Store, starting with 4 major cities of India.

■ Execute a television series to highlight the menace of fake drugs and safeguarding consumers against unsafe medicines and medication.

■ Organise a yearly award function acknowledging the positive work done by all stakeholders be it doctors, pharmacists, drug controllers, government officials, pharma companies and patients/consumers.



Launch of Consumer Conexión Portal in Mumbai by Mr. Mahesh Zagade, IAS, FDA Commissioner Maharashtra on 15th January 2014



Lighting of Lamp at an Awareness Program by Hon'ble Minister Shri Shyam Rajak, Govt. of Bihar in Patna on 31st January 2014

5. In the same month, PSM India was invited by APEC Countries to share the PSM initiative at the Drug Safety and Detection Technology Workshop at Beijing, China on 27-28 September 2011.

6. On 3rd October 2011 at New Delhi, a national consultation was organized with all the stakeholders to deliberate and brainstorm on a methodology, which could be considered for conducting a study in India to understand the level of spurious and not of standards



Celebrating WORLD HEALTH DAY in Mumbai on 7th April 2014



At the 5th Interchange at Washington DC, USA on 18th September 2014

medicines in the supply chain and how to tackle the menace. The consultation was led by the Hon'ble Former President of India His Excellency Dr. APJ Abdul Kalam and discussed at length on similar earlier studies and its shortcomings.

7. The Board members felt that a national awareness campaign should be launched and activities should be conducted in various States of the country, especially in rural India and not confine to only metro cities. India has 36 States/Union Territories and in the second year it targeted to reach out to at least six States. On 15-16 October 2011 an event was organized in Patna in Bihar State, on 24th December 2011 on the occasion of the Silver Jubilee Celebration of the Consumer Protection Act and observed as the National Consumer Day, an event was held at Cochin in the Kerala State. The Hon'ble Minister of Consumer Affairs, Government of India inaugurated the event in Cochin. Similarly a national consultation was organized in Hyderabad on 2nd February 2012 in the State of Andhra Pradesh and was attended by various important stakeholders including the State Minister for Consumer Affairs including officials from the Ministry of Commerce, Government of India.

8. Apart from working in India, PSM India was invited for the second time by PSM USA at the Interchange in Washington DC, on 27th October 2011 to share some of the success stories and the proposed future activities.

2nd International Conference at Haridwar (Uttar Khand) on 06-08 November 2014







Release of the Haridwar Declaration on Patients' Solidarity Day on 9th Dec., 2014

PhRMA also invited PSM India to speak about its activities to their members at the AMACs Meeting held at Kuala Lumpur, Malaysia on 8-10 February 2012. Similarly Academic Institutions from USA also invited PSM India to write about the Public Private Initiative in India to work on Public Health Policies and was invited to present the paper on PSM India Initiative at San Diego, USA on 23rd March 2012 by the University of San Diego, California.

9. It was observed that all the leading Pharmaceutical Industry Associations also got actively involved with the various events of PSM India and even started inviting PSM India to participate at the events organized by the industry associations throughout the year. PSM India is active within the various industry associations like OPPI, IDMA, IPA and others. DIA invited PSM India at Mumbai on 15-18 October 2011 to attend the 6th Annual Conference. FICCI, CII, ASSOCHAM and PHD Chamber of Commerce in India are in regular touch with PSM India and have even nominated PSM India into various committees and working groups.



Celebrating the Patients' Solidarity Day on 9th Dec., 2014





Mr. Bejon Misra, Founder, PSM India with Hon'ble Union Cabinet Minister for Science & Technology and Earth Sciences, Dr. Harsh Vardhan

workshop was supported by US Department of Commerce by providing technical support and arranged the participation of overseas speakers and delegates for the workshop.

12. The year 2013 started with two important visits, one to the Pharmaceuticals Exports Promotion Council of India (PHARMEXCIL), set up by Ministry of Commerce and Industry, Government of India at Hyderabad and the

10. Pharmaceutical Security Institute (PSI) invited PSM India to organize training workshops for the law enforcers and regulatory officials to build capacity in detection and reporting of spurious and counterfeit medicines in India. Two workshops were held, one in Mumbai on 13th March and the other in Chennai on 16th March 2012. These workshops provided an opportunity to look at the various reasons regarding counterfeiting of medicines and how to tackle the menace.

11. PSM India, in collaboration with Government of India organized The First International Workshop on "Patient Safety and Drug Detection Technology at New Delhi, India on September 10 and 11, 2012." More than 50 International Experts on the subject participated in this Workshop including participants from India and other developing countries. The





Prof Khurshid Iqbal Andrabi,  
Hon'ble Vice Chancellor,  
University of Kashmir



Prof. Neelofar Khan,  
Dean Students Welfare,  
University of Kashmir



Dr. Roshan Ara,  
President, AIWC,  
Kashmir Branch



Madam Asiya Naqash  
Hon'ble Minister of  
Health & Social Welfare,  
Government of J & K

other to Ahmedabad to meet the Gujarat Food and Drug Administration (GFDA). We started discussions with various Ministries dealing with safety, accessibility and quality of medicines and finalised the activities of the year at the sixth Board Meeting of PSM India on 24th January.

**13.** We started the rural India initiative on building awareness on Quality and Safety of medicines with Project HOPE India and USAID. We continued our discussions and meetings with Government of India and the Drug Controller General India (DCGI) on the finalisation of the methodology for the proposed study on Spurious and not-of-standards drugs in the supply chain in India. On 15th February, we organised a National Open House Consultation with all the stakeholders on how to improve accessibility to Safe and Quality Medicines in India along with Ministry of Health & Family Welfare (MOHFW), Ministry of Commerce (MOC), Department of Pharmaceuticals (DOP), Ministry of Chemicals and Fertilisers and National Pharmaceutical Pricing Authority (NPPA). We visited States like Tamil Nadu, Uttar Pradesh, Haryana, Punjab and Chandigarh to meet the respective Drug Commissioners of the States to discuss on the various collaborative work we could undertake with them to further strengthen the State Regulatory mechanisms and understand the existing methods adopted by the State Governments to tackle the menace of Spurious and not-of-standards medicines in the supply chain. During our visit to Chennai, PSM India was invited by FICCI CASCADE to speak on how the various stakeholders can play a role to facilitate the work done by PSM India and attract the attention of the State Governments and the Central Government on issues concerning Spurious Medicines in India. These visits were scheduled from 17th to 27th February 2013.

**14.** We continued our meetings with the various Ministries in New Delhi to follow-up on the outcomes from the International Workshop in September 2012 and 15th February 2013. Apart from the discussions with the various Ministries, a new partnership was initiated with the Indian National Bar Association (INBA) in Delhi. This was primarily established because of the keen desire expressed by several legal experts to support our movement and facilitate in preparing Public Interest Litigations to ensure prompt implementation of all our recommendations emerging from the various conferences, workshops and focussed group meetings with the Government and other interested parties.

**15.** We started talking to the Indian Pharmaceutical Manufacturing Companies from April 2013 on matters relating to innovation and need for policies to ensure accessibility of safe medicines to all. A presentation was made to the MOHFW on our Toll Free Helpline and its outcomes to seek support and understand how PSM India can integrate itself within the various Government initiatives dealing with Safety and Quality of medicines in the areas of non-communicable diseases and also diseases like TB and HIV. On 21st April, for the first time a training workshop was held in a remote village of Uttar Pradesh, on Building Awareness on unsafe medicines as part of the Project HOPE India Initiative. Rural Health Workers were sensitised about





Dr. G. N. Singh, DCGI addressing PSM Board Members in Srinagar on 19th May 2015



Mr. Bejon Misra introducing Prof Khurshid Iqbal Andrabi, VC University of Kashmir to the Speakers

PSM India and its activities. We also organised a visit to the National Institute of Biologicals (NIB) to understand the available capacity on testing of medicines and vaccines.

**16.** We made visits to the Drug Controller of Karnataka in Bangalore and FDA Bihar in Patna on strengthening the Drug Regulatory related issues and Good Manufacturing and Pharmacy Practices in India.

**17.** PSM India was invited to attend a Workshop in Seoul, Republic of Korea, from 19th to 24th May 2013 organised by APEC Life Science Innovation Forum (LSIF) on Medical Products Safety and Public Awareness and Establishing of a "Single Point of Contact System (SPOCS) building International Cooperation to Protect Patients.

**18.** We were invited as a speaker at a global discussion on "Pathways to safe medicines: protecting patients through unified global action" from 26-28 June 2013 at Wilton HOUSE, West Sussex, United Kingdom, organised by Wilton Park. There were more than 40 leading experts on the subject at the roundtable discussion, which provided an insight about the various activities conducted globally to tackle the menace of spurious and not-of-standard medicines in the supply chain.

**19.** It was also felt by the members of PSM India to start work on Pharmacovigilance and reporting of Adverse Drug Reactions (ADRs) within the existing framework of Government of India and DCGI was requested to coordinate the activities within the Indian Pharmacopoeia Commission (IPC). It was agreed to conduct pilot initiatives in 4 States like Karnataka, Gujarat, Maharashtra, Tamil Nadu and Delhi to sensitise consumer organisations on the functioning of the ADR Reporting Centres and Pharmacovigilance.

**20.** We continued our various planned activities with the DCGI and visited Indian Pharmacopoeia Commission to continue our proposed activities in various States on working with the Drug Regulatory Authorities and strengthening the existing Pharmacovigilance and ADRs reporting system. We also followed up on our activities in Uttar Pradesh on the various interventions planned under the Project HOPE on taking the issue to rural India and empowering the citizens on Drug Detection and Authentication based on product testing and awareness on reporting any kind of ADRs.

**21.** A seminar was organised in Mumbai along with Indian National Bar Association (INBA) to plan the future activities on legal interventions on issues concerning Quality and Safety of Medicines and seek support from the legal experts on such subjects. We also started the work on the judgement given by the Competition





PSM India Award Winners from States of Karnataka, Jammu & Kashmir, Tamil Nadu, Gujarat and Maharashtra along with Special Recognition to NIB Team & Director I/C Dr. Surinder Singh

Commission of India (CCI) on the All India Organisation of Druggists and Chemists (AIODC) on the issue concerning high margins demanded by the Drug retailers in India.

**22.** The year 2013 closed with our membership with International Alliance of Patients' Organisation (IAPO) to work with various Patients' Organisation around the world and build a strong alliance of patients' groups in India. 2014 encouraged us to celebrate the Patients' Solidarity Day in New Delhi and Mumbai by engaging with the NGOs, Voluntary Consumer Organisations and the leading Patients' Organisations in India. We are working towards building a unified voice of patients in India and ensure their participation in the various policies like the Health Policy of India, which was drafted in 2002. It is now high time we revisited the Health Policy and made it relevant in the present context.

**23.** During the year 2014 and 2015, it was more of policy interventions and continuing with our work in a sustained manner rather than looking at new areas of work in our work profile. The new government lead by the National Democratic Alliance (NDA) took over the Governance of the country in May 2014 and the Bhartiya Janata Party (BJP) was the single largest political party with the majority of elected representative had the privilege of electing Shri Narendra Modi as their leader and the Prime Minister of India. BJP had an impressive Manifesto on Health Sector Reforms and promised a robust Universal Health Coverage to assure accessibility to quality healthcare for all in the next five years. This provided a new agenda for PSM India to take up the issue of Accessibility to Healthcare apart from Quality & Safety of Medicines in the supply chain.

**24.** A campaign, which was started in 2011 under the leadership of Dr. A.P.J. Abdul Kalam, former President of India, on ZERO Tolerance on unsafe medicines in India, was finally accepted by Government of India in

January 2014 prior to the taking over of the new Government and approved the proposal of undertaking one of the largest ever Drug Survey in the world to be conducted by Government of India to ascertain the extent of Spurious & Not-of-Standard Quality (NSQ) medicines in the supply chain. 2014 & 2015 was dedicated in developing the survey design and the methodology by involving the experts on the subject and PSM India was invited to participate and mobilise consumer organisations from every State for the survey. It was decided that more than 40,000 samples of medicines would be collected from all the Districts of India covering 36 States/Union Territories. This is for the first time NSQ was included in the study and the State Drug Regulators and Civil Society NGOs/Consumer Organisations were inducted as observers. The study is expected to be closed by December of 2015 and final report to be released by March 2016.

**25.** Advocacy related activities with policy makers and other interested parties on access to safe medicines, rational use of medicines to tackle issues concerning antibiotic resistance related issues, effective regulatory oversight on Good Manufacturing and Distribution Practices, reporting of Adverse Drug Reaction (ADRs) from all stakeholders, strengthening Pharmacovigilance in India and improving access to healthcare with focus on patients suffering from rare or life threatening diseases, were some of the key activities of PSM India in 2015.

**26.** One of the major activities for PSM India in 2014-15 was the study commissioned by Ministry of Commerce, Government of India on the "Level of Compliance of the 2D Bar-coding on Pharma Products meant for Exports". The report was completed and submitted to the Government in March 2015 as per the terms of reference of the Contract between Consumer Online Foundation and Government of India, which covered all the dimensions of the contract and revealed interesting data on the issue of compliance and recommended the best way forward for 100% compliance on the tracing and tracking mechanism to protect the consumers globally from counterfeited pharma products sold in the name of India but not manufactured in India.

**27.** Organized the 13th Board Meeting of PSM India in Srinagar on 19th May 2015 followed by the 5th National Conference on "Patient Safety and Drug Regulatory Scenario in India" at the University of Kashmir,

Delegates at the Srinagar Conference on 20th May 2015







PSM Board Members Visiting Mata Anandmayee Hospital Varanasi on 9th July 2015

Srinagar. The conference was well attended by the Students and the faculty members of the University of Kashmir, State Government Officials and Industry Representatives. It was for the first time that such a conference was organised in the State of Jammu & Kashmir on Quality & Safety of Medicines and how to improve the distribution chain by insulating the supply chain from spurious and NSQ products by engaging with all the stakeholders.

**28.** In 2015, PSM India continued the efforts to link with various States of the country and linked with more than 10 States in an active manner. PSM India participated in the formulation of various proposed policies with the Government on the amendment of the Drugs & Cosmetic Act, Health Policy of India, Universal Health Coverage and Access to Quality Healthcare for all. We have also started a dialogue on framing policies regarding online pharmacies and regulating e-commerce on medicines.

The 2nd Core Group Meeting in progress at Varanasi on 8th July, 2015







PSM Board Members visiting Prof. S. K. Singh, Head of Dept. of Pharmaceutics, IIT BHU



Mr. Bejon Misra welcomed by Dr. R. K. Pandey, Professor (OB, HR & Values) Dean & Head, Faculty of Management Studies, BHU on 2nd June 2015

**29.** PSM India continued working on developing communication tools to educate and empower the citizens of India on the various issues concerning safety and quality of healthcare in India. Publicity, promotion, publication and media related activities to support our advocacy work and State Level events also continued in a regular manner to connect with the policy makers and the citizens. It was decided that a Pilot Project on ACCESS will be initiated in Varanasi on 9th August 2015. In order to make that happen, Mata Anandamayee Hospital was identified in Varanasi to collaborate in the project along with Consumer Online Foundation and Government of India. A CORE Group was constituted to implement the project and accordingly CORE Group meetings were held in Varanasi on 1st and 2nd June 2015 and then on 8th and 9th of July prior to the launch and the National Consultation on ACCESS in Varanasi from 9-11 August 2015.

**30.** Finally as per the desire of the PSM India Initiative Board Members, a legal face was provided to the organisation, which was till now managed by Mr. Bejon Kumar Misra and Consumer Online Foundation. PSM India completed all the legal formalities towards establishing the new company under Section 8 of the Companies Act 2013 as a not-for-profit organisation and made it fully functional in July 2015. The new organisation was named as PATIENT SAFETY AND ACCESS INITIATIVE OF INDIA FOUNDATION with its registered office from E45, Lower Ground Floor, Greater Kailash Enclave I, New Delhi 110048.

The Partnership for Safe Medicines India is a coalition of consumer organizations, patient, physician, pharmacist, university, industry and other professional organizations committed to the safety of prescription drugs and protecting consumers against unapproved, spurious, counterfeit, substandard, falsified, mishandled or otherwise unsafe medicines.

Questions? Contact [pooja@safemedicinesindia.in](mailto:pooja@safemedicinesindia.in)

Or log on to [www.safemedicinesindia.in](http://www.safemedicinesindia.in)

# State profile of Uttar Pradesh<sup>1</sup>

## Geography

**U**ttar Pradesh is bounded by Nepal on the North, Himachal Pradesh on the north west, Haryana on the west, Rajasthan on the south west, Madhya Pradesh on the south and south-west and Bihar on the east. Situated between 23° 52'N and 31° 28' N latitudes and 77° 3' and 84° 39'E longitudes, this is the fourth largest state in the country. (A part of Uttar Pradesh has been separated and formed into a new state Uttarakhand on November 9th 2000. The details given here are before the separation)

Uttar Pradesh can be divided into three distinct hypsographical regions :

1. The Himalayan region in the North
2. The Gangetic plain in the centre
3. The Vindya hills and plateau in the south

## History

Uttar Pradesh forms a major area of the Northern fertile plain or the Indo-Gangetic plain. This area is said to have been occupied by the group of people referred to as "Dasas" by the Aryans. The main occupation of these inhabitants were agriculture. Till BC 2000 the Aryans had not settled in this region. It was through conquest that the Aryans occupied this area and laid the foundations of a Hindu civilization. The regions of Uttar Pradesh was said to have been the ancient Panchala country. The great war of the Mahabharata between the Kauravas and Pandavas was said to have been fought here. Besides the Kauravas and Panchalas the Vatsas, the Kosis, Hosalas, Videhas etc formed the early region of Uttar Pradesh. These areas were called Madhyadesa. It was during the Aryan inhabitation that the epics of Mahabharata, Ramayana, the Brahamanas and Puranas were written. During the

reign of Ashoka, works for public welfare were taken up. Having rich resources there was active trade within and outside the country. The rule of the Magadha empire brought Buddhism and Jainism into this region. This period witnessed administrative and economic advancement.

The Kushanas exercised their power over this region till 320AD. The territory passed into the hands of the Guptas during whose rule, the Huns invaded this region. After the decline of the Guptas, the Maukharis of Kannauj gained power. During the rule of Harshavardhana, Kannauj was an important city. After his rule political chaos set in. It was amidst this confusion that the Muslims invaded into Uttar Pradesh though the society was dominated by the Rajputs, Jats and other local chiefs. In 1016AD Mahmud of Ghazni laid his eyes on the wealth of Kannauj. He was followed by Mohammad Ghori. Throughout the rule of the Delhi Sultanate and the Mughals, the territory progressed. After the Mughals, the Jats, the Rohillas, and the Marathas established their rule. By 1803 the British controlled this region and annexed it by 1856. It was in the Uttar Pradesh (The period between 1857-58) that the first struggle for liberation from the British yoke was unleashed. The revolt was suppressed and from then till independence it remained under British dominance. In 1950 the state was organized and named as Uttar Pradesh.

The state of Uttar Pradesh has an area of 240,928 sq. km. and a population of 166.20 million. There are 71 districts, 813 blocks and 107452 villages. The State has population density of 689 per sq. km. (as against the national average of 312). The decadal growth rate of the state is NA (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.



## Health Indicators of Uttar Pradesh<sup>2</sup>

The Total Fertility Rate of the State is 3.5. The Infant Mortality Rate is 61 and Maternal Mortality Ratio is 359 (2007 - 2009) which are higher than the National average. The Sex Ratio in the State is 908 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

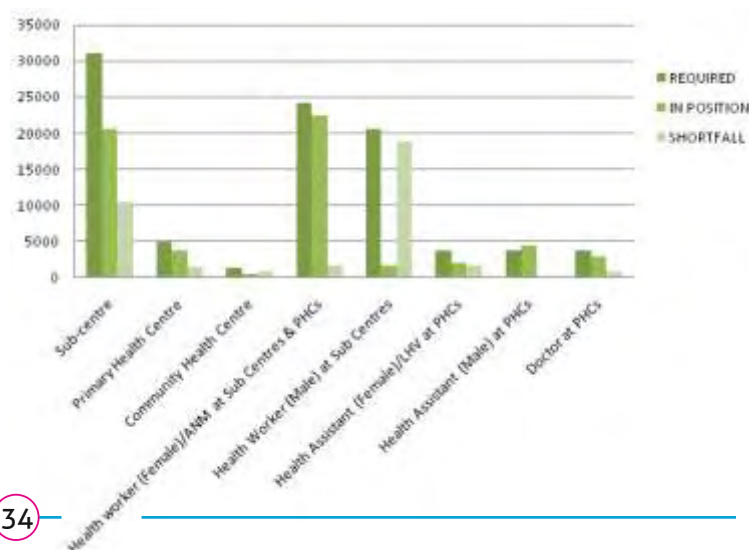
**Table 1. Demographic, Socio-economic and Health profile of UP State vs. India**

INDICATOR	UP	INDIA
Total Population (In Crore) (Census 2011)	19.96	121.01
Decadal Growth (%) (Census 2001)	20.09	17.64
Crude Birth Rate (SRS 2013)	27.2	21.4
Crude Death Rate (SRS 2013)	7.7	7
Natural Growth Rate (SRS 2013)	19.5	14.4
Infant Mortality Rate ( SRS 2013)	50	40
Maternal Mortality Rate (SRS 2010-12)	392	178
Total Fertility Rate (SRS 2012)	3.3	2.4
Sex Ratio (Census 2001)	908	940
Child Sex Ratio (Census 2011)	899	914
Schedule Caste population (In Crore) (Census 2001)	3.51	16.67
Schedule Tribe population (in crore) (Census 2001)	0.01	8.43
Total Literacy Rate (%) (Census 2011)	69.72	74.04
Male Literacy Rate (%) (Census 2011)	79.24	82.14
Female Literacy Rate (%) (Census 2011)	59.26	65.46

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)

**Figure 1:**  
**Health Infrastructure of**  
**Uttar Pradesh**

(Source:  
RHS Bulletin, March 2012,  
M/O Health & F.W., GOI)



# Health Status and Healthcare Services in Uttar Pradesh and Bihar: A Comprehensive Study<sup>3</sup>

## Background

India's growth hype and dream of emerging as an economic superpower are being challenged today, among other things, by its failure to foster an inclusive growth path and provide to bulk of its population basic amenities of education and health. There exists great inequality at interstate and intrastate level in terms of the key components of human development-health and education.

## Aim

The present work attempts to measure the extent of the inequality in health status and health care services in the two most populous states of India namely Uttar Pradesh and Bihar.

## Methodology

A detailed analysis of interdistrict and interregion disparity in health status and health care in the two states has been done using secondary data from Annual Health Survey (2011) and Statistical Diary (2011). Composite indices of health status and

health services have been developed using Maher's normalization technique and principal component analysis. Inequality measures like co-efficient of variations have been used to measure the relevant disparities in the two states and explain the reason thereof.

## Results

The work shows low overall health status and wide interdistrict and interregion health disparity in the two states with lower disparity in Uttar Pradesh as compared to Bihar in terms of health status and relatively high disparity in health infrastructure. One startling fact is existence of very low and insignificant correlation between infrastructure and outcome.

## Conclusion

The study finds health status is influenced not only by health care facilities, but a number of other factors principally government's commitment and policies.



# A study on quality of life satisfaction and physical health of elderly people in Varanasi: In urban area of Uttar Pradesh, India<sup>4</sup>

## Background

Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to change in age structure, and a higher dependency ratio. In this juncture we need to reappraise the quality of life of elderly people.

## Aims

The main objective of this paper is to study the quality of life of elderly people of Varanasi city, India.

## Methodology

A cross sectional study was conducted of elderly people living in the four colonies (Mahamana Puri, Sundarpur, Nagwan, SamneGhat) of Varanasi city. The results are expressed in terms of Mean and SE of mean. Chi-Square test, t-test and one-way ANOVA

test have been used to compare the mean scores of quality of life score based on different variables under the domain of Physical Health, Interpersonal life, Economic status, Physical Environment.

## Results

A total of 166 old age people were included in this study. Out of 166 elderly people 121(72.89%) were Males and remaining were females. The mean age of the study population was found to be  $63.95 \pm 6.08$  years. Majority of them were literate (95.18%). Eye sight weakness is the most prominent problem among the elderly. An overwhelming majority (61.45%) of elderly had an average quality of life, where as 24.10% and 14.45% elderly had a poor and good quality of life respectively.

## Conclusion

Majority of elderly had an average quality of life quality of life. There is an urgent need of social protection in form of assuring old age pension and compulsory health insurance.

# Assessment of utilization of RCH services and client satisfaction at different level of health facilities in Varanasi District<sup>5</sup>

## Aim

To assess the various factors influencing utilization and non-utilization of RCH services and extent of client satisfaction.

## Methodology

A cross-sectional study was conducted during October to December 2008 at two selected blocks

of Varanasi district, Uttar Pradesh. Principal study subjects were 509 women having children less than 12 months old, selected through a multistage sampling technique. Data were collected through in-depth interview and Focus Group Discussions conducted among the beneficiaries of the services.

## Results

The study revealed that utilisation of the RCH

services in the government facilities was higher among the backward classes than the general category; higher the level of education the lower was the utilisation of government services. Over all, 16% of the respondents were not satisfied with government facilities. 25% of the SC category was not satisfied with the services in spite of being the main users. Among RCH services utilization was highest (89%) for antenatal care services (ANC). 41.6% respondents did not receive any Post Natal Care (PNC) after their most recent birth. About 30% deliveries were at home out of which only 10% received PNC whereas out of 70% institutional

deliveries about 80% received PNC. Overall 16.3 % of the respondents were not satisfied with the services provided by government health facilities. Around 16% and 14% were not satisfied with the behaviour of medical officer and the health workers respectively and non-satisfaction was highest among SC category.

### Conclusion

All health facilities need to be made functional according to Indian Public Health Standards (IPHS) of NRHM.

## Drug prescription practices: a household study in rural Varanasi<sup>6</sup>

**R**ational drug use is a function of prescription practices having medical, social and economic implications. A household level cross-sectional study was undertaken to delineate the prescribing practices and extent of rational therapy in Chiraigaon Block of Varanasi district. Following multistage stratified random sampling, 223 households were selected from 4 villages. Medical care received by morbid persons was noted as per prescription details, wherever available. The results indicate that of the total 338 morbid episodes, 226

were treated at some health care facility and prescriptions were available for 30 (13.27%) only. Injection use was seen in 10% of prescriptions. In all, 43.33% prescriptions contained at least one antibiotic, more so among the private practitioners (70%). Average number of drugs were 3.07 per prescription. Overall 63.33% prescriptions were found to be irrational. The prescribing practices and use of drugs has been far from satisfactory in this rural area of Varanasi.

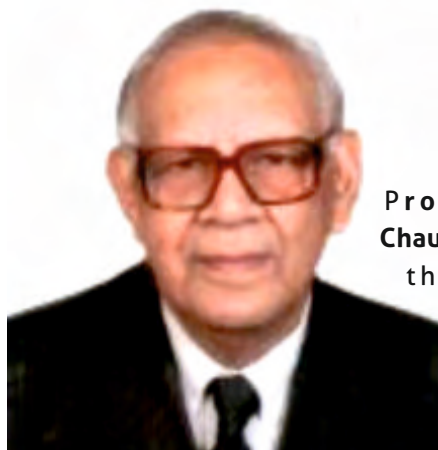
### References

1. [http://nrhm.gov.in/nrhm-in-state/state-wise-information/uttar-pradesh.html#state\\_profile](http://nrhm.gov.in/nrhm-in-state/state-wise-information/uttar-pradesh.html#state_profile)
2. [http://nrhm.gov.in/nrhm-in-state/state-wise-information/uttar-pradesh.html#health\\_profile](http://nrhm.gov.in/nrhm-in-state/state-wise-information/uttar-pradesh.html#health_profile)
3. Anand M. Health Status and Healthcare Services in Uttar Pradesh and Bihar: A Comprehensive Study. *Ind J Public Health*, 2014; 58(3): 174-179
4. Raj D, Swain PK, Pedgaonkar SP. A study on quality of life satisfaction & physical health of elderly people in Varanasi: An urban area of Uttar Pradesh, India. *Int J Med Sci Public Health*, 2014; 3(5): 616-620.
5. Srivastava RK, Kansal S, Tiwari VK, Piang L, Chand R, Nandan D. Assessment of utilization of RCH services and client satisfaction at different level of health facilities in Varanasi District. *Ind J Public Health*, 2009; 53(3): 183-9.
6. Bhatnagar T, Mishra CP, Mishra RN. Drug prescription practices: a household study in rural varanasi. *J Prev Soc Med*, 2003; 34(1-2):33-39
7. Anonymous. India tries to break cycle of health-care debt. *Bull World Health Organ*, 2010; 88(7): 486-7.



---

## Our Guides & Patrons



**Professor Ranjit Roy Chaudhury** graduated from the Prince of Wales Medical College, Patna in 1954 and proceeded to Oxford to be awarded the D. Phil degree in 1958.

He was the first Indian doctor to be awarded the Rhodes scholarship. After working at the All India Institute of Medical Sciences as Assistant Professor of Pharmacology from 1958 till 1960 and with the Ciba Research Centre, Bombay he was appointed, at the early age of 34 as Professor and Head of the Department of Pharmacology at the then newly established Postgraduate Institute of Medical Education and Research, Chandigarh in 1964. He built up the prestigious Department of Pharmacology there and started the first DM Course in Clinical Pharmacology in India. Professor Roy Chaudhury was Dean of the Institute and retired as Acting Director in 1980 to join the World Health Organization. He served WHO in senior positions at WHO Headquarters, Geneva, at the Regional Office at Alexandria Egypt and in Rangoon, Burma as Head of Mission and at Chulalongkorn University, Bangkok.

On return to India in 1991 Professor Roy Chaudhury joined as Emeritus Scientist at the National Institute of Immunology, New Delhi and served there till 2005. While he was there he founded the Delhi Society for Promotion of Rational Use of Drugs. He was also appointed as Founder President of the Delhi Medical Council and set up the Council in Delhi. He was also Chairman of the Sub-Commission in Macroeconomics and Health and a member of the same Commission set up by the Government of India. Professor Roy Chaudhury also chaired the Committee on Postgraduate Medical Education in India set up by the Ministry of Health and Family Welfare. He was Chairman of the Board of Trustees of the International Clinical Epidemiological Network (INCLEN) for two terms from 1996 to 2006 and remains a member of the Board. He was also one of the member, Board of Governors of the Medical Council of India from 2010-2011.

Professor Roy Chaudhury has written over 275 research papers and fifteen books including a well read book "Herbal Medicines in Asia" published by the World Health Organization.

Professor Roy Chaudhury is at the moment a member of the Governing Bodies of the Postgraduate Institute of Medical Education and Research, Chandigarh, the Population Foundation of India, Delhi, the Indraprastha Institute of Information Technology, Delhi and the Foundation for Revitalization of Local Health Traditions, Bangalore. He is also the UNESCO Professor in Rational Use of Drugs at Chulalongkorn University, Bangkok and Chairman of the Task Force for Research at the Apollo Hospitals. He is also the National Professor in Pharmacology of National Academy of Medical Sciences and the Member – Central Council for Health and Family Welfare. He has been the Advisor to the Union Minister for Health and Family Welfare, Govt. of India and also the Department of Health and Family Welfare, Government of National Capital Territory of Delhi.

Professor Roy Chaudhury has been closely associated with developing the three editions of the Ethical Guidelines for Research of the Indian Council of Medical Research (ICMR) and is a member of the Central Ethics Committee of the ICMR and Chairman of its Toxicology Review Panel since many years.

During his career Professor Roy Chaudhury has received the Dr. B. C. Roy Award, the Shanti Swaroop Bhatnagar Award, the Unichem Award, the Chulalongkorn University Award and several others. He has been honoured with the Honorary Fellowship of the Royal College of Physicians of Edinburgh University and an Honorary Doctorate of Science from Chulalongkorn University, Bangkok. He has been bestowed the Delhi Ki Gaurav title by the Delhi Government and the Padma Shree title by the President of India. He has recently been conferred with the Lifetime Achievement Award - 2013 by FICCI for his work towards excellence in healthcare services and the first Lifetime Achievement Award in "Integrated Medicine" by the College of Medicine, London and the Soukya Foundation. ■



**D**r. S K Nanda, IAS, is a very senior IAS officer of Government of Gujarat. On the education front, he holds a Masters Degree in Political Science and Law and a PhD in Rural Economics. Dr. Nanda is an IAS officer of 1978 batch and has held key positions successfully handled key government departments like Health, Tourism, Information & Broadcasting, Finance, Food & Civil Supply, Forest & Environment. The Dangs District which was one of the most backward districts among top 20 in India was transformed during Dr Nanda's guardianship to become the Horticulture and Vegetable belt for urban markets assuring good quality of life to the Tribals. The food fortification movement for

Nutrition, in Children and Women in particular, was spearheaded by him as Head of Civil Supplies Dept and the increase in Mangrove plantation took a leap forward when he added a thousand kilometer in coast of Gujarat as Head of Forest & Environment Dept.

Dr. Nanda has contributed many articles on the subject of professional importance as well as written books.

Dr S K Nanda, IAS, is conferred with:

- "Global Visionary Award" from The Vision World Academy, Ahmedabad, for his invaluable contributions to the Indian Society.
- Prestigious "INDIA CEO AWARDS 2015" from All India CEO Network, a voluntary organization.
- "Udyog Rattan Award" from The Institute of Economic Studies, New Delhi.
- Commendation from PMO for excellent work in Health sector in post 2002 riots.
- Global leadership award for Fortification in wheat for nutrition enrichment.
- UNESCO recognized him with Subhash Bose award for Communal harmony and public service. ■





**P**rafull D. Sheth also known as Prafullbhai, is a familiar voice of pharmacy profession in India. He is a Board Member of PSM India and Member of the Governing Body of Shree Shree Anandamayee Sangha. He is Former Vice-President, International Pharmaceutical Federation (FIP), and is Founding Professional Secretary of South East Asian FIP-WHO Forum of National Pharmaceutical Associations (SEARPharm Forum). He is also a Director on the Board of Unichem Laboratories Ltd. He is the former Executive Vice-President and Board Member of Ranbaxy Laboratories Limited (now Sun Pharma Industries Limited).

Professionally, he served as Vice-President of the Federation of Asian Pharmaceutical Associations and President of the Indian Pharmaceutical Association, and Indian Pharmaceutical Congress Association. He is the recipient of two Indian Pharmaceutical Association awards: the Acharya P. C. Ray Memorial Gold Medal for outstanding contribution to the profession of pharmacy (Bengal Branch) and the M. L. Khorana Memorial Award. He also earned a lifetime achievement award for his services to the profession of pharmacy and pharmaceutical sciences and Prof. M. L. Schroff National Award for his contribution to the pharmacy practice and industrial pharmacy of the Indian Hospital Pharmacists Association. Internationally, he received FIP Industrial Pharmacy Section medal for meritorious contribution to the global pharmaceutical industry.

Prafullbhai is a Fellow of International Pharmaceutical Federation, and eminent pharmacist and Fellow of Indian Pharmaceutical Association.

He holds Bachelor's and Master's degrees in pharmacy from the University of Missouri, USA. ■

**Rajiv Gulati** is currently mentoring India's first fully compliant online pharmacy, mChemist.com.

Prior to this, Rajiv was President-Global Pharmaceuticals Business, for Ranbaxy Laboratories Limited, located at their Global Headquarters; from April 2011 to Nov 2014. Before joining Ranbaxy in April, 2011, he was Global Head of Anti-counterfeiting operations of Eli Lilly and Company, USA and has done pioneering work in helping fight the menace of fake medicines.

Rajiv has also been head of Emerging Market Strategy for Eli Lilly & Co., working at their Global Head Office at Indianapolis, USA.

He was responsible for directing the strategy for globalization, driving significant improvements in global sourcing, structure and processes leading to enhanced cross functional coordination and productivity. He has contributed to significant growth in sales, creating one of the fastest start up businesses, executing business critical deals including in-licensing and out-licensing of technologies and products, creation and implementation of a long term strategy for Eli Lilly in the fast growing economies across functions like Demand Realization, Research and Development, IT and Manufacturing.

Mr. Gulati, born on February 21, 1957, is a well known veteran with three decades of rich Pharma industry experience. He has completed his Masters in Pharmacy from IIT-Varanasi and MBA from IIM, Ahmedabad.

He has been the recipient of a number of awards like the Chairman's Ovation Award, Eli Lilly and



Company, Indianapolis, Top CEO Award at the 29th World Marketing Conference, KC Chatterjee Memorial Award, Indian Pharmaceutical Association among others. Some of the positions he has held as part of his affiliations in the Industry and Academia include Vice President, Organization of Pharmaceutical Producers of India, Chair - Pharmaceutical Industry, American Chamber of Commerce, New Delhi, Chair-Pharmaceutical Industry, Indo-American Chamber of Commerce, New Delhi, Advisory Board Member, NarseeMonjee Institute of Management, Mumbai and Advisory Board Member, National Institute of Pharmaceutical Education and Research. He has also been associated as guest faculty with premier academic Institutes like Indian Institute of Management, Indian School of Business, Indian Institute of Foreign Trade, Graduate School of Business, Chicago, Kelley School of Business, Indiana University and Wharton Business School, University of Pennsylvania.

Rajiv is also an active member of External Advisory Board of Australian National University, Canberra, Australia and delivers lectures to students of ANU as well. ■



Rajiv Nath



Date : 27.07.15

To,  
Mr. Bejon Misra,  
Founder Trustee,  
Consumer Online Foundation  
Partnership for Safe medicines (PSM) India

Dear Mr. Bejon Misra,

Subject : AIMED as a Supporting Association for National Consultation on Improving ACCESS to Quality Healthcare 2015

AIMED is delighted to support the **National Consultation on Improving ACCESS to Quality Healthcare** to be held on 9<sup>th</sup> – 11<sup>th</sup> August at Varanasi for the Noble cause of Patient Safety & Consumer Protection.

We will be pleased to enter into an MOU with your Organization and wish you a Successful Conference.

With Best Regards,

Rajiv Nath  
Forum Coordinator  
Association of Indian Medical Device Industry (AIMED)  
mt

GL-3, ASHOKA ESTATE, 24, BARAKHAMBA ROAD, NEW DELHI-110001  
Phone No.: +91-129-4289000/4061151 Fax No.: +91-129-4061164/2233242  
E-mail : forumcoordinator@aimedindia.com Website : www.aimedindia.com



## Our Overseas Partners



**Rod Hunter** is Senior Vice President, International Affairs, at the Pharmaceutical Research and Manufacturers of America, a trade association representing the leading research-based biopharmaceutical companies (since 2011). He leads PhRMA's international policy and regulatory work, with a focus on major emerging markets. His prior private sector roles have included serving as Vice President, Governmental Programs, at IBM Corporation, with lead responsibility for regulatory and policy matters for the company across Europe and Russia (2009-11), and as a Brussels-based attorney and partner with the Hunton & Williams law firm (1989-2001).

His government roles have included serving on the White House's National Security Council staff (2003-07), including as Special Assistant to the President and NSC Senior Director with responsibility for international economic policy, and as Special Counsel in the Office of the U.S. Trade Representative (2001-03); early in his career he served as an assistant to Senator John W. Warner, and as a judicial clerk on the U.S. Sixth Circuit Court of Appeals and the High Court of Australia. He has been active on Republican presidential campaigns, most recently as co-chairman of the Romney trade advisers committee (2011-12).

His think tank roles have included serving as Senior Fellow at the Hudson Institute (2007-09) and as Chairman of the Centre for the New Europe (1998-2002). He was a Japan Society Public Policy Fellow, resident in Japan, in 1998. He is a member of the Advisory Board of the Batten School of Leadership and



**Linda Distlerath**, PhD, JD is Deputy Vice President for International Alliance Development at PhRMA, leading third-party engagement and coalition development around the globe. Prior to joining PhRMA, she was senior vice president in the health care practice of APCO Worldwide, a global strategic communication and public affairs firm headquartered in Washington, D.C. office, and previously held vice president positions at Merck & Co., Inc. in public affairs, global health policy, and health policy--Asia Pacific. Dr. Distlerath holds a Bachelor of Science in Medical Technology from the University of Michigan and a Doctor of Philosophy in Environmental Health from the University of Cincinnati. She completed a post-doctoral fellowship in biochemistry at Vanderbilt University and holds a Juris Doctor from Rutgers Law School-Newark. She is a member of the Council on Foreign Relations and the Economic Club of Washington, DC, and an advisory board member for the journal Global Health Governance. ■

Public Policy at the University of Virginia. Mr. Hunter has written frequently for publications such as the *Wall Street Journal*, *Washington Post*, *Weekly Standard*, *European Voice* and *Frankfurter Allgemeine Zeitung* on European institutions, policy and international economics. Hunter has a B.A. from Hampden-Sydney College and a J.D. from the University of Virginia School of Law, where he was a member of the managing board of the *Virginia Law Review*. ■

## Our Overseas Partners



**S**cott A. LaGanga serves as senior vice president of global public affairs and advocacy at the Pharmaceutical Research and Manufacturers of America (PhRMA), the United States' leading pharmaceutical research and biotechnology companies. In this role, he leads a team responsible for third-party stakeholder relations, which includes frequent outreach to patient groups, health care providers, business leaders, organized labor, venture capital and academic institutions. Additionally, Scott is a member of the PhRMA executive team and helps coordinate global issues management for the organization.

In addition to PhRMA, Scott serves as executive director of the Partnership for Safe Medicines (PSM), a public private partnership of more than sixty organizations dedicated to combating counterfeit and unsafe medicines around the globe. In this capacity, Scott led the development of the inaugural PSM Interchange forum in 2010, which brought together public and private-sector leaders, including Food and Drug Administration Commissioner Margaret Hamburg. In late 2010, he successfully launched PSM's first international affiliate, PSM India, and PSM China in late 2012.

Formerly, Scott was executive director and co-founder of the Property Rights Alliance, a Washington, D.C.-based advocacy organization dedicated to the protection of physical and intellectual property rights, both domestically and worldwide.



**A**miee Adasczik Aloï is Associate Vice President for International Affairs at the Pharmaceutical Research and Manufacturers of America (PhRMA). In this capacity, she is responsible for coordinating the association's advocacy and stakeholder outreach activities in India. Previously, she worked as Director of Policy at PhRMA, in which role she promoted strategies demonstrating the value of innovative medicines across the U.S. healthcare system. Prior to joining PhRMA, Ms. Aloï worked at Avalere Health, a leading healthcare advisory company dedicated to business strategy and public policy. In that role, she provided research and analysis on coverage, reimbursement, and policy issues facing pharmaceutical, medical device, and biotechnology companies. She has also provided research assistance at the Institute of Medicine in Washington, D.C. Ms. Aloï received her undergraduate degree from Georgetown University and a master's in Public Health from Yale University. ■

Scott completed a master's of business administration at George Washington University in 2009, with concentrations in international business and management. As a Henry J. Raimondo Fellow at the Eagleton Institute of Politics, Scott received a master's degree in public affairs and politics from the Edward J. Bloustein School of Planning and Public Policy at Rutgers University. He holds a Bachelor of Arts degree in political science from the University of Maryland, College Park. ■



## Conclusion

It is now the right time for the citizens and those involved with the healthcare delivery system to come together and work in an equitable manner to focus on all dimensions of improving access to quality and safe healthcare. We must consolidate all resources deployed by the Government or private sector at the cost of the consumer/citizen towards accessibility to healthcare and make it more accountable and non-discriminatory towards patients. To truly improve access to healthcare, it is critical to advance sustainable policy solutions to healthcare financing, infrastructure, and human resources challenges, among others. Without the required investment this will continue to represent a critical barrier to broader access for healthcare. As the present Government seeks to expand its expenditure on healthcare, it must select a strategy that provides the greatest healthcare access benefit to the Indian population. Recognizing that not everything can be changed overnight and the timescale is long, a roadmap is essential to bridge the gap, prioritise action, interconnections and dependencies recognized, resources directed to the right areas, targets defined, progress measured, and the community integrally involved along the way. Recent progress and commitments by the Government and private sector suggest that willingness exists to invest and operationalize the changes needed to broaden healthcare access across the entire Indian population. In order to reach a viable solution; a group of professionals, citizens and organisations committed to improve accessibility to quality and safe healthcare are encouraged to work on a pilot initiative in Varanasi to develop a framework on how India can assure access to healthcare for all the citizens in a significant manner in the next five years based on global best practices and success stories in India.

## ■ MEDIA COVERAGE ■







# Mata Anandamayee Hospital

Shivala, Varanasi-221001



*Sri Anandamayi Ma*

**M**ata Anandamayee Hospital has a glorious history since its conception in 1950. At that time, a Savitri Maha Yagna was being held in the newly constructed Mata Anandamayee Ashram in Bhadaini area. The Maha Yagna had been continuing for 3 years and on the final day of oblation, when all the rituals were completed, the reknowned physician, Dr. Gopal Das Gupta of the Royal Court of the Maharaja of Kashi, prayed to Shree Ma, -- "Maa, a sizeable religious ceremonies are being performed in our various temples and other places for beatitude. It is my humble prayer, that ambrosia of your compassion-stream should reach a common man to serve their body temple and also to eliminate their miseries". The prayer was granted. As Shree Ma gave her approval, a large number of devotees came forward with generous donations. The then Union Health Minister, Dr. Sushila Nair, took keen interest and prepared a frame work. The design of the hospital was made by an expert architect. On the instruction of the then Prime Minister, M/s. Kothari and Bros., Mumbai, got the contract and the building was constructed.

The hospital was planned and executed as desired by Ma Anandamayee herself. It was inaugurated by then Prime Minister Smt. Indira Gandhi in presence of Ma on 26th Dec., 1968. Presently it is being managed by Shree Shree Anandamayee Sangha. During inauguration Ma gave a didactic sermon of five words –

**"रोग रूपी जन जनार्दन सेवा"**

**(Service to ailing humanity like god)**

The hospital is following religiously the path shown by Ma. The aim and object of this hospital is just one i.e. to serve ailing humanity more so the down trodden and saints. And pivot of all programs of the hospital is to provide maximum help the patients.

The services provided can be grouped under four categories as:

- Out Patients Department (O.P.D.)
- Indoor Patients Department (I.P.D.)
- Community Service
- Other Services.